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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

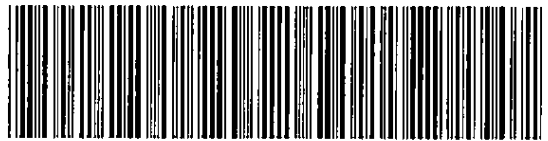
(Business Entity Name)

(Document Number)

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04/15/19--01031--002 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY 15 AM 11:56

MAY 15 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERNEST P. BREAUX ELECTRICAL L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BETH CHAMPAGNE

Name of Person

ERNEST P. BREAUX ELECTRICAL L.L.C.

Firm/Company

P O BOX 11640

Address

NEW IBERIA LA 70562

City/State and Zip Code

BETH@EPBREAUX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETH CHAMPAGNE

Name of Contact Person

337

at ()

Area Code

364-8183

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

19 MAY 15 AM 11:56

SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2019

BETH CHAMPAGNE
PO BOX 11640
NEW IBERIA, LA 70562

SUBJECT: ERNEST P. BREAUX ELECTRICAL LLC
Ref. Number: W19000039154

We have received your document for ERNEST P. BREAUX ELECTRICAL LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on July 20, 2016.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00009160

AFFIDAVIT

STATE OF LOUISIANA)
) ss
PARISH OF IBERIA)

BEFORE ME, the undersigned authority personally came and appeared:

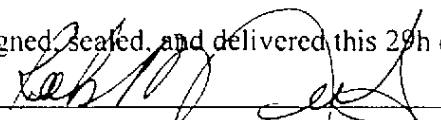
ROBIN MENARD ("AFFIANT")

who after being duly sworn, deposes and says of his or her personal knowledge the following:

1. Affiant is the Chief Financial Officer of Ernest P. Breaux Electrical, L.L.C, a Florida limited liability company ("EPB FL").
2. Affiant is the Chief Financial Officer of Ernest P. Breaux Electrical, L.L.C., a Louisiana limited liability company ("EPB LA").
3. EPB FL and EPB LA have the same ownership.
4. EPB FL wishes to dissolve as a Florida limited liability company.
5. EPB LA wishes to be authorized as a foreign limited liability company for authorization to transact business in Florida.
6. The actions described herein shall be done on the same date for the purpose of staying active in Florida, and keeping its business name in use. This may be evidenced by the following, which are to be done contemporaneously:
 - a. Attachment 1 – Articles of Dissolution for a Limited Liability Company.
 - b. Attachment 2 – Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

[SIGNATURE PAGE TO FOLLOW]

Signed, sealed, and delivered this 29th day of March, 2019

 (Signature)

Robin Menard, Chief Financial Officer

STATE OF LOUISIANA

)

) SS:

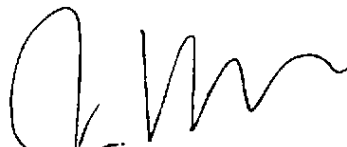
PARISH OF IBERIA

)

Sworn to and subscribed before me this 29th day of March, 2019 by

Robin Menard, who did take an oath.

Witness my hand an official seal.



(Signature)

Jodi R. Bauer, Notary Public

Bar Roll No. 31033



(Seal)

OFFICIAL SEAL
JODI R. BAUER
BAR ROLL # 31033
STATE OF LOUISIANA
PARISH OF EAST BATON ROUGE
Commissioned for Life

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ERNEST P. BREAUX ELECTRICAL L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

ERNEST P. BREAUX ELECTRICAL LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. LOUISIANA

(Jurisdiction under the law of which foreign limited liability company is organized)

81-0705645

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2812 BROKEN ARROW RD

(Street Address of Principal Office)

P O BOX 11640

6. (Mailing Address)

NEW IBERIA LA 70560

NEW IBERIA LA 70562

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND RD

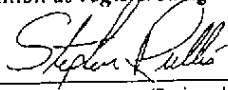
PLANTATION, Florida 33324

(City)

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Stephen Rullis, VP & Asst. Secy.

(Registered agent's signature)

11:56 AM
19 MAY 15
DIVISION OF CORPORATIONS
SECRETARY OF STATE

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: PHILIP BREAUX	<input checked="" type="checkbox"/> Manager	Name: ROBIN MENARD
<input type="checkbox"/> Member	Address: 16 OAK PLACE	<input type="checkbox"/> Member	Address: 109 SADDLEBACK CIRCLE
<input type="checkbox"/> Authorized	NEW IBERIA LA 70563	<input type="checkbox"/> Authorized	YOUNGSVILLE LA 70592
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

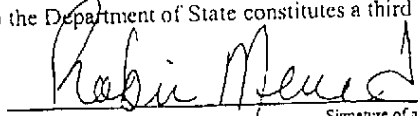
<input checked="" type="checkbox"/> Manager	Name: MICHAEL G WHALEY	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 123 WHITEWING LANE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUNSET LA 70584	<input type="checkbox"/> Authorized	_____
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Manager	Name: DAVID BELL	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 213 SADDLEBACK CIRCLE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	YOUNGSVILLE LA 70592	<input type="checkbox"/> Authorized	_____
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

ERNEST P. BREUX ELECTRICAL, L.L.C.

A limited liability company domiciled in NEW IBERIA, LOUISIANA,

Filed charter and qualified to do business in this State on November 23, 2015,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 15, 2019

Secretary of State

Web 42083917K



Certificate ID: 11077534#XMJ62

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov