

M190000008388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

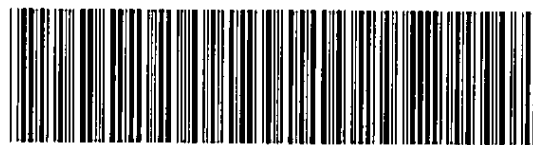
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Office

Veronica gave
permission to
change the RA

Office Use Only



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08/27/19--01025--005 **63.75

07/30/19--01027--003 **63.25

FILED
2019 AUG 26 PM 4:28
FBI - JPL

B KINSEY
AUG 29 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2019

VERONICA BURNS
40472 ABBY JAMES RD, STE A
PRAIRIEVILLE, LA 70769

SUBJECT: RESCOM ELECTRIC LLC
Ref. Number: W19000073235

We have received your document for RESCOM ELECTRIC LLC and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the wrong forms. The entity name indicates you are an LLC, but you filled out the forms to registered a foreign corporation name

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 919A00016636

RECEIVED

AUG 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ResCom Electric LLC
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:

Veronica Burns
Name of Person

ResCom Electric LLC
Firm/Company

40472 Abby James Rd Suite A
Address

Prairieville, LA 70769
City/State and Zip Code

Veronica@rescomllc.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Burns at (225) 622-3647
Name of Contact Person Area Code 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

160.00
96.25 pd

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Reston Electric, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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. Prairieville, La
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

4. Aug 30, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 40472 Abby James Rd Suite A
(Street Address of Principal Office)

6. Same
(Mailing Address)

Prairieville, La 70769

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

Name: Veronica Burns

Office Address: 401 East Jackson St. Suite 2340
Tampa, FL ~~33602~~, Florida 33602
(City) (Zip code)

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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.

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:	<u>Veronica Burns</u>		<input type="checkbox"/> Manager	Name:	<u>James Burns</u>	
<input type="checkbox"/> Member	Address:	<u>40454 Abby James Rd.</u>		<input checked="" type="checkbox"/> Member	Address:	<u>40454 Abby James Rd.</u>	
<input type="checkbox"/> Authorized		<u>Prairieville, La 70769</u>		<input type="checkbox"/> Authorized		<u>Prairieville, La 70769</u>	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	<u>Christopher Dupre</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>16307 Greenwood Ave</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>Prairieville, La 70769</u>		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

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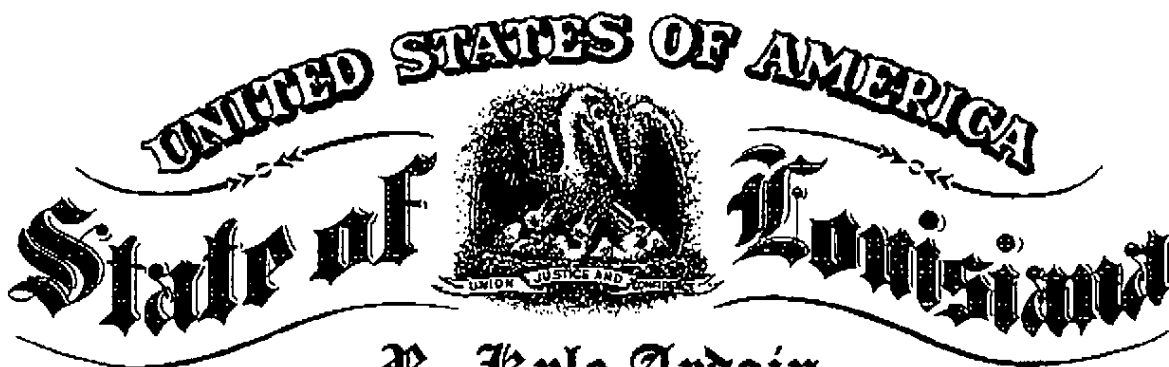
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

V. Burns
Signature of an authorized person

Veronica Burns
Typed or printed name of signer



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that
the Articles of Organization of

RESCOM ELECTRIC, L.L.C.

Domiciled at PRAIRIEVILLE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on February 02, 2001,

I further certify that no Certificate of Dissolution or Termination has been issued.

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,

August 12, 2019



Secretary of State

Certificate ID: 11107680#N8Q83

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