# MACCOCOIAI

(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 Officer:
w190001035AA

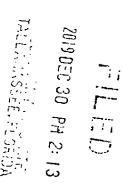
Office Use Only



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2019

7

VICTOR LEOTTA 17732 HIGHLAND RD. G-231 BATON ROUGE, LA 70810

SUBJECT: VICTOR LEOTTA Ref. Number: W19000103522

We have received your document for VICTOR LEOTTA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Yvette Scott Document Specialist II

Letter Number: 319A00024378

DEC 3 0 2019



17732 Highland Road, G-231 Baton Rouge, Louisiana 70810 (225) 281-4202 www.location-design.com/SSI

December 10, 2019

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE:

Ref. Number: W19000103522 Letter Number: 319A00024378

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Dear Sir or Madam,

In response to the enclosed letter I received from your organization, I am resubmitting the application for "Foreign Corporation for the Authorization to Transact Business in Florida". It appears my original application was rejected due to misidentification of the business name and "doing business as" reference. In addition, the documentation I submitted from the Louisiana Secretary of State did not satisfy the document requirements for either "Certificate of Good Standing" or "Certificate of Existence".

Please find enclosed the following:

- 1. new application for "Foreign Corporation for the Authorization to Transact Business in Florida" with the organization correctly identified: Leotta Location and Design, LLC
- 2. Certificate of Good Standing from Louisiana Secretary of State
- 3. Certificate of Existence from Louisiana Secretary of State
- 4. Division of Commerce Notification Letter Number 319A00024378
- 5. Check in the amount of \$51.25 (difference from \$130.00 filing fee and previously tendered amount of \$78.75 received and processed by FL Division of Corporations)

Should you have any questions or require additional information, I can be reached at <a href="mailto:accounting@location-design.com">accounting@location-design.com</a> or (225) 281-4202. Thank you in advance for your attention to this matter.

Regards,

Leotta Location and Design, LLC

Victor Leotta Principal

## COVER LETTER

TO:

Registration Section

	Name of Lim	ited Liability Co	mpany			
	eign Limited Liability Compan d to register the above reference					
return all correspondence	concerning this matter to the fol	owing:				
Victor Leotta						
	Name	of Person				
Leotta Location	and Design, LLC			, ; · · ·	2019	
N112	Firm	Company	<del> </del>		<u> </u>	٠
17732 Highlan	d Rd., G-231				CEC 30	ļ ·
	Α	ddress		<del>-:</del>	<u></u>	ΞĒ.
Baton Rouge, I	.A 70810			(-), (-) 	2:	,
<del>-</del>	City/State	and Zip Code		1	<u>&gt;</u>	
accounting@loca	ntion-design.com					
	E-mail address: (to be used to	r future annual re	eport notification)		<del></del>	
rther information concerning	g this matter, please call:					
Victor Leotta		225	281-4202			
Name (	of Contact Person	t () Area Code	Daytime Telepho	ne Numbe	er	
MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314	;	П В С 2	Division of Corporation Segistration Section Clifton Building 1661 Executive Center Callahassee, FL 32301	ns Circle		
Enclosed is a check for t		DN'T AND GTATE	,			
Piease make check paya	ole to: FLORIDA DEPARTM	ENT OF STATE	•			

# 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:

(Name of Foreign	Limited Liability Company: must include "Limite	ed Liability	y Company," "L.L.C.," or "LLC.")			
name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	onda. The al	ternate name must include "Limited Lightl	ity Compar	iy," "L.L.C,	" or "LL
Louisiana		3		·-·	2	
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	J.	(FEI number	, it applica	ble) 💬	
work not yet started					020	٠ ;
work not yet started					; 30	
-	(Date first transacted business in Florida, if prior to (See sections (05,0904 & 605,0905, F.S. to determ	registration une penalty	.) liability)	<u> </u>		i
				ŗ.	P	.:
Victor Leotta		,	17732 Highland Rd., G-231	(		£ " '
(Street Address of	Principal Office)	0.	(Mailing Addres	<u> </u>	2:1	
				ξį.	دي	
36483 Manchae Way	Ave.		Baton Rouge, LA 70810	-		
	<del></del>		<del></del>		<del>-</del>	
Prairieville, LA 70769						
Name and street addre	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> a	(cceptable)			
	-		•			
Voma	Suszanne Whelan					
Name:	Suszanne Whelan					
Name:	Suszanne Whelan  95 Hombre Circle					
Name: Office Address:	<del></del>					
	95 Hombre Circle					
	95 Hombre Circle		32407 , Florida			

# 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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

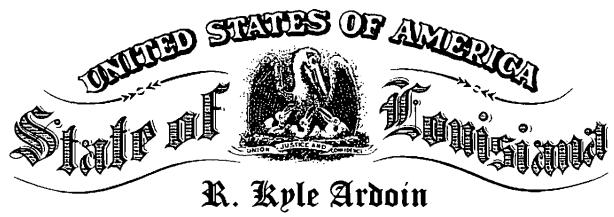
Name and Address:	Title or Capacit	<u>y:</u>	Name and Address
Name: Victor Leotta	Manager	Name:	<del></del>
Address: 17732 Highland Rd., G-231	Member	Address:	<del> </del>
Baton Rouge, LA 70810	Authorized		
	Person		<del>-1. 20</del>
Other	Other		Others
Name:	Manager	Name:	
Address:	☐ Member	Address:	
	Authorized	<del></del>	ξ. <del>ω</del>
	Person		
Other	Other	· <del></del> -	Other
Name:	☐ Manager	Name:	<u> </u>
Address:	☐ Member	Address:	
	Authorized		
	Person		<u>_</u>
Other	Other		Other
	Name: Victor Leotta    17732 Highland Rd., G-231     Baton Rouge, LA 70810     Other     Address:     Other     Name:     Address:     Address:	Name: Victor Leotta	Name: Victor Leotta

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information

Signature of an authorized person

Victor Leotta Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



SECRETARY OF STATE

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

### LEOTTA LOCATION AND DESIGN, LLC

A limited liability company domiciled in PRAIRIEVILLE, LOUISIANA,

Filed charter and qualified to do business in this State on March 10, 2016,

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,

December 10, 2019

L 12 fe No. Secretary of State

Web 421896598



Certificate ID: 11146967#D5P83

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