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TALLAHASSEE, FL 32301

FEB 14 2020
T. LEMIEUX



PHONE (850) 425-6654 FAX (850) 425-6694 WEB WWW.RADEYLAW.COM
MAIL POST OFFICE BOX 10967 | TALLAHASSEE, FL 32302 OFFICE 301 SOUTH BRONOUGH ST. | STE. 200 | TALLAHASSEE, FL 32301

email: dyon@radeylaw.com

February 13, 2020

Via Hand Delivery

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida*

To whom it may concern,

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, a Certificate of Existence, and check in the amount of \$125.00. Please return all correspondence concerning this matter to the following addresses:

Radey Law Firm
Attn: David Yon
Registered Agent
301 S. Bronough Street, Suite 200
Tallahassee, FL 32301
dyon@radeylaw.com

Robert "Bob" J. Ellis, Jr.
650 Poydras Street
Suite 2615
New Orleans, LA 70130
504-534-8399
bob@rjellis.com

For further information concerning this matter, please call me, David Yon, at (850) 425-6654.

Sincerely,

David A. Yon

Enclosure(s)

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. CRSC, LLC

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

Community Recovery Services and Construction, 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)

3. 45-1261620

(EIN number, if applicable)

4. None

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

5. 129 Garden Walk Drive

(Street Address of Principal Office)

6. c/o Joshua Fouquet

(Mailing Address)

Covington, LA 70433

129 Garden Walk Drive

Covington, LA 70433

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

Name: David Yon

Office Address: 301 South Bronough Street, Suite 200

Tallahassee

(City)

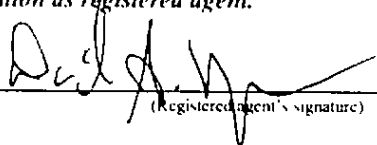
Florida

32301

(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.


(Registered agent's signature)

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TALLAHASSEE, FLORIDA

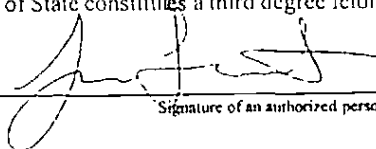
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Lisa Fouquet	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 345 Jardin Loop	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Covington, LA 70433	<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: Denzel Clark, Jr	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 129 Garden Walk	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Covington, LA 70433	<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: Trosclair's Electric and Contractor's LLC	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1208 Bert Street	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Laplace, LA 70068	<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

Joshua Fouquet

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

CRSC, LLC

Domiciled at COVINGTON, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on March 11, 2008,

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,

February 11, 2020

Secretary of State

Web 36690163K



Certificate ID: 11168078#UAR93

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