

M200000008490

(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:

W20000003778

Office Use Only



000350599710

08/19/20--01016--048 **130.00

08/19/20 17:30

45
9/24/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2020

COLLETTE KIDDER
PO BOX 990
BROUSSARD, LA 70518

SUBJECT: PRIME ENVIRONMENTAL RESOURCES, LLC
Ref. Number: W20000103778

We have received your document for PRIME ENVIRONMENTAL RESOURCES, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 420A00017353

RECEIVED
SEP 28 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Environmental Resources, 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:

Cellette Kidder
Name of Person

BL Landry, LLC
Firm/Company

PO Box 9910
Address

Broussard LA 70518
City/State and Zip Code

ckidder @ bllandry.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cellette Kidder at (337) 330-0038
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

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

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

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

IN COMPLIANCE WITH SECTION 603.01, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Prime Environmental Resources, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

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

2. Louisiana 3. 40-1386801
(Jurisdiction under the law of which foreign limited liability company was organized) (Tax number, if applicable)

4. 7/15/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 603.01(2)(b) & 603.01(2)(c), F.S. to determine penalty liability)

5. 720 St. Nazaire Rd 6. P.O. Box 990
(Street Address of Principal Office) (Mailing Address)
Broussard, LA 70518 Broussard LA 70518

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

Name: CT Corporation

Office Address: 1200 South Pine Island Road
Plantation, FL 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.

Christine Kelly

(The 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 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: <u>Benjamin Kennedy</u> | <input type="checkbox"/> Manager | Name: <u>Juan Castillo</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>2199 Cypress Island Rd</u> | <input checked="" type="checkbox"/> Member | Address: <u>33051 Las Alca</u> |
| <input type="checkbox"/> Authorized | <u>S. J. Marshall, LP</u> | <input type="checkbox"/> Authorized | <u>New Iberia, LA</u> |
| Person | <u>70782</u> | Person | <u>70763</u> |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

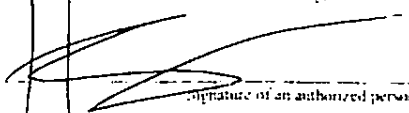
| | | | |
|--|-----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: <u>Heather Champagne</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: <u>3930 Calabeca Hwy</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>S. J. Marshall, LP 70782</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 |

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.

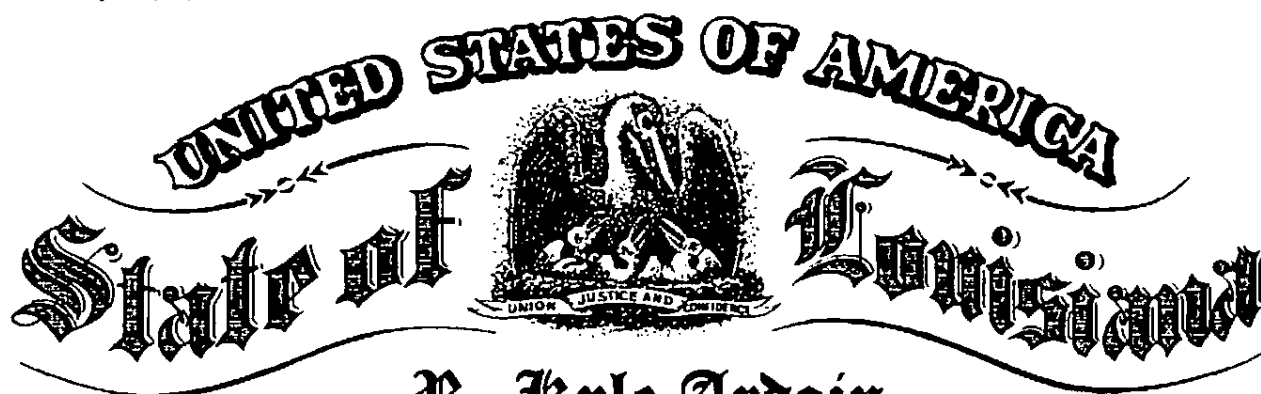
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

 Type 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

PRIME ENVIRONMENTAL RESOURCES, LLC

A limited liability company domiciled in BROUSSARD, LOUISIANA,

Filed charter and qualified to do business in this State on December 03, 2012,

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,

September 24, 2020



Certificate ID: 11276483#CSL73

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

Secretary of State

Web 41008884K