

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MELCHIODE MARKS KING LLC  
Account Number : I20200000143  
Phone : (504)336-2422  
Fax Number : (504)336-2342

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: kehill24@gmail.com

**Foreign Limited Liability Company  
Melchiod Marks King LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

\* Please refund any unused funds -

The check may be mailed to  
Kathy Magri @ address  
on file

Electronic Filing Menu

Corporate Filing Menu

Help

US  
10/7/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2020

KATHY MAGRI  
639 LOYOLA AVE.  
SUITE 2550  
NEW ORLEANS, LA 70113

SUBJECT: MELCHIODE MARKS KING LLC  
Ref. Number: W20000107929

We have received your document for MELCHIODE MARKS KING LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$72.50.

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: 720A00017984

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Melchiorde Marks King 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:

Kathy Magri  
Name of Person

Melchiorde Marks King LLC  
Firm/Company

639 Loyola Ave. Suite 2550  
Address

New Orleans LA 70113  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kathy Magri  
Name of Contact Person

at ( 504 )  
Area Code

336-2880  
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 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Melchiorde Marks King LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. 47-4018428  
(MID number, if applicable)

4. \_\_\_\_\_  
(Does the foreign limited liability company transact business in Florida, if prior to registration? (See sections 605.0904 & 605.0903, F.S. to determine penalty liability))

5. 639 Loyola Ave. Suite 2550  
(Street Address of Principal Office)

6. SAME  
(Mailing Address)

New Orleans, LA 70113

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

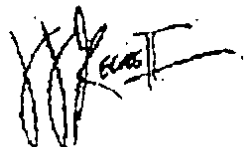
Name: James T. Rivers

Office Address: 730 Bayfront Pkwy

Pensacola, Florida 32504  
(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.



## A. DIRECTORS

☐ Chairman Name: RICHARD KING  
☐ Vice Chairman Address: 639 Loyola Ave. SUITE  
☐ Director 2550  
☐ President New Orleans, LA 70113  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Managing ☐ Other \_\_\_\_\_  
Member

☐ Chairman Name: GERALD MELCHIONE  
☐ Vice Chairman Address: 1919 State St.  
☐ Director New Orleans, LA 70118  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Managing ☐ Other \_\_\_\_\_  
Member

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Kevin Marks  
☐ Vice Chairman Address: 639 Loyola Ave  
☐ Director SUITE 2550  
☐ President New Orleans, LA 70113  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Managing ☐ Other \_\_\_\_\_  
Member

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ 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.

12. \_\_\_\_\_

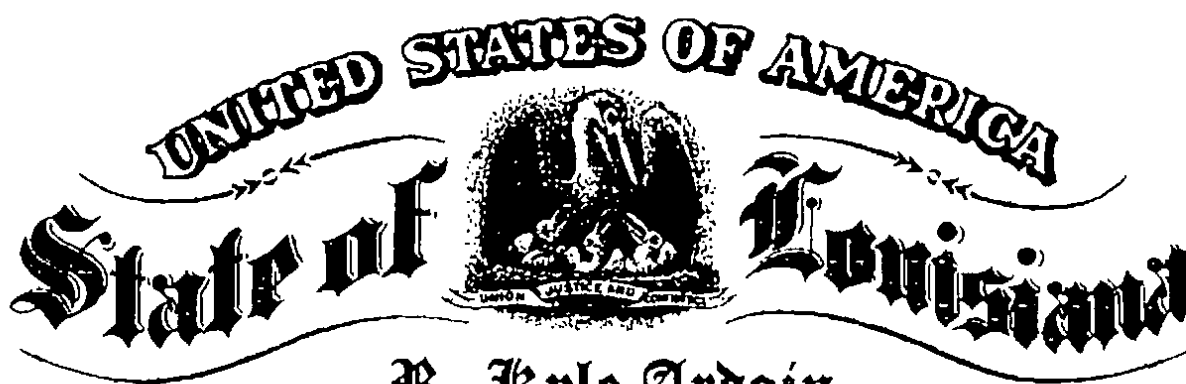
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. \_\_\_\_\_

RICHARD KING, Managing Partner  
(Typed or printed name and capacity of person signing application)

IT 630101 2020 10 02



**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

**MELCHIODE MARKS KING LLC**

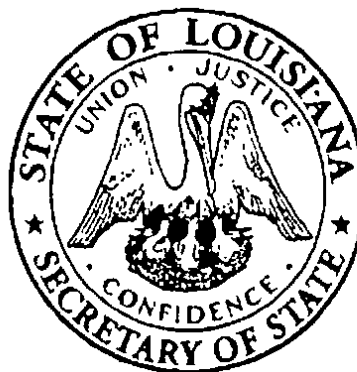
Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 15, 2015,

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 26, 2020



*R. Kyle Ardoin*

*Secretary of State*

Web 41889765K

Certificate ID: 11262505#3PK73

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](http://www.sos.la.gov)