

2/3/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M21000047534

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

**Foreign Limited Liability Company
Lombardi Electric, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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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. LOMBARDI 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. LA 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02/01/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3701 MAC LEE DRIVE 6. 3701 MAC LEE DRIVE
(Street Address of Principal Office) (Mailing Address)
ALEXANDRIA, LA 71302 ALEXANDRIA, LA 71302

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, 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.

By: C T Corporation System
/s/ Rachel O'Connor - Assistant Secretary
(Registered agent's signature)

2021 FEB -3 PM 12:28

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AND
FILED

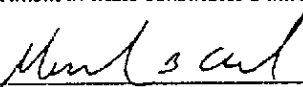
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Joseph Lombardi</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Michael B. Carbo</u>
<input checked="" type="checkbox"/> Member	Address: <u>3701 MAC LEE DRIVE</u>	<input checked="" type="checkbox"/> Member	Address: <u>3701 MAC LEE DRIVE</u>
<input checked="" type="checkbox"/> Authorized	<u>ALEXANDRIA, LA 71302</u>	<input checked="" type="checkbox"/> Authorized	<u>ALEXANDRIA, LA 71302</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: _____	<input checked="" type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	_____	<input checked="" type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: _____	<input checked="" type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	_____	<input checked="" type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other _____	<input checked="" 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)

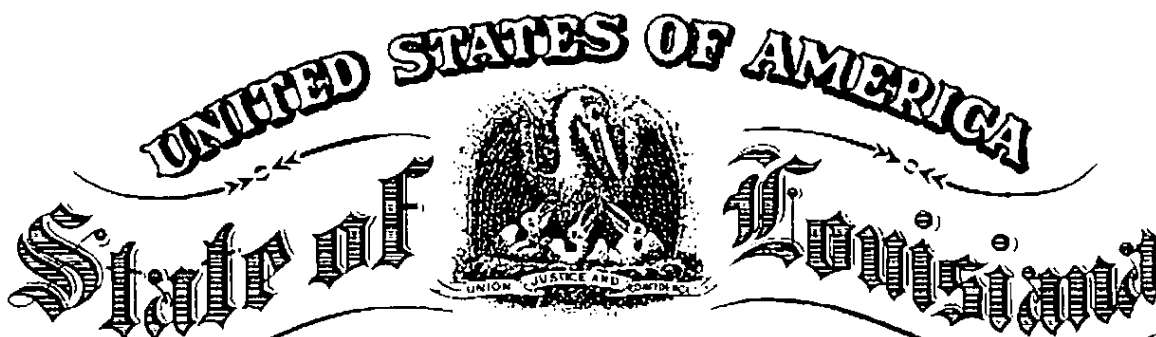
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Signature of an authorized person

Michael B. Carbo

 Typed or printed name of signee



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

LOMBARDI ELECTRIC, LLC

Domiciled at ALEXANDRIA, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on September 10, 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,

January 28, 2021

Secretary of State

Web 42012639K



Certificate ID: 11330961#SLJ62

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