

M21000005697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

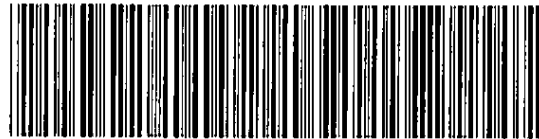
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY 12 PM 4:14
FILED

FALLAHASSEE, FLORIDA

2021 MAY 12 PM 3:59

APPROVED
AND
FILED

RECEIVED

MAY 12 2021
Brumbley

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. GERONIMO CAPITAL INVESTMENT S, 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. LOUISIANA (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. 2/12/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1509 HICKORY AVENUE (Street Address of Principal Office)
SUITE B
HARRAHAN, LA 70123
6. 1509 HICKORY AVENUE (Mailing Address)
SUITE B
HARRAHAN, LA 70123

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

Name: TIMMY SIMS
Office Address: 1002 HIGHWAY 98 EAST UNIT 111
DESTIN, FL 32541
(City) Florida (Zip code)

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2021 MAY 12 PM 4:14

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 manage [up to six (6) total]:

Title or Capacity: Manager
Name and Address: Name: TIMMY SIMS
Address: 1509 HICKORY AVENUE
SUITE B
HARAHAN, LA 70123
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: _____
Address: _____

Person _____
 Other _____ Other _____

Manager
Name and Address: Name: TJS HOLDINGS, LLC
 Member
Address: 1509 HICKORY AVENUE
 Authorized
SUITE B
Person HARAHAN, LA 70123
 Other _____ Other _____

Manager
Name: _____
 Member
Address: _____
 Authorized

Person _____
 Other _____ Other _____

Manager
Name: _____
 Member
Address: _____
 Authorized

Person _____
 Other _____ Other _____


Manager
Name: _____
 Member
Address: _____
 Authorized

Person _____
 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.

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

Timmy Sims



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

GERONIMO CAPITAL INVESTMENTS, LLC

Domiciled at HARAHAN, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on February 12, 2020,

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,

May 11, 2021

Secretary of State

Web 43776221K



Certificate ID: 11390975#R9R93

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