

5/10/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H21000186634 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC

Account Number : 120070000159

Phone : (239)777-1028

Fax Number : (877)275-3593

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

Email Address: SUPPORT@LICENSESETC.COM

Foreign Limited Liability Company

MAXWALLPRO, L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$160.00

MAY 13 2021

M. SOLOMON

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May 11, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LICENSES ETC INC

SUBJECT: MAXWALLPRO, L.L.C.
REF: W21000064644

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

What is the title of the authorized person? You have checked the box "Other". Please insert the title.,

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.

Karen A Saly
Regulatory Specialist IIFAX Aud. #: H21000186634
Letter Number: 221A00009849

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAXWALLPRO, L.L.C.
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:

LISA ADAMS
Name of Person

LICENSES, ETC., INC.
Firm/Company

27911 CROWN LAKE BLVD., SUITE 211
Address

BONITA SPRINGS, FL 34135
City/State and Zip Code

SUPPORT@LICENSESETC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA ADAMS 239 777-1028
Name of Contact Person at 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

2021 MAY 12 PM 2:14
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. MAXWALLPRO, L.L.C.

(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. 81-4376761

(F.I.I. number, if applicable)

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

5. ONE GALLERIA BLVD., SUITE 1900

(Street Address of Principal Office)

6. ONE GALLERIA BLVD., SUITE 1900

(Mailing Address)

METAIRIE, LA 70001

METAIRIE, LA 70001

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

Name: LICENSES, ETC., INC.

Office Address: 27911 CROWN LAKE BLVD., SUITE #211

BONITA SPRINGS

(City)

Florida

34135

(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)

2021 MAY 12 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: PAUL LACINAK	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 5000 W. ESPLANADE AVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SUITE 622	<input type="checkbox"/> Authorized	_____
Person	METairie, LA 70006	Person	_____
<input checked="" type="checkbox"/> Other: AMBR	<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: _____
<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: _____
<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

PAUL LACINAK

Typed or printed name of signer

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R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

MAXWALLPRO, L.L.C.

A limited liability company domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on December 05, 2016,

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.

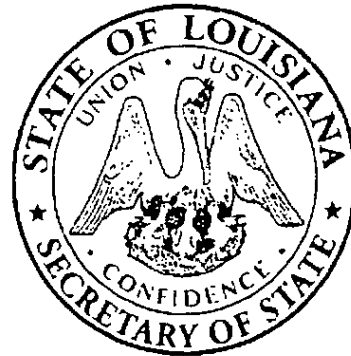
I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

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,

May 10, 2021

Secretary of State

Web 42459594K



Certificate ID: 11389469#4CS93

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