

M21000008283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

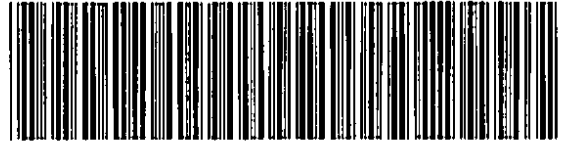
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700368927617

06/25/21--01016--021 **130.00

2021 JUN 25 AM 9:50
RECEIVED
CLERK OF SUPERIOR COURT
JULIA A. GUNDEL

FILED

JUN 30 2021
M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MISSION TO FIX IT FINANCIAL SOLUTIONS 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:

ANGELA HELM

Name of Person

MISSION TO FIX IT FINANCIAL SOLUTIONS

LLC

Firm/Company

333 TEXAS STREET SUITE 1300

Address

SHREVEPORT, LOUISIANA 71101

City/State and Zip Code

missiontofixitfinancial@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA HELM

318

525-3935

at ()

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

AA

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. Mission To Fix It Financial Solutions 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. _____
(FBI number, if applicable)

4. No business transacted in Florida yet
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 333 Texas Street
(Street Address of Principal Office)

6. 333 Texas Street
(Mailing Address)

Suite 1300

Suite 1300

Shreveport, Louisiana 71101

Shreveport, Louisiana 711

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

Name:

Angela Helm

Office Address:

4651 Salisbury Road

Suite 400

Jacksonville

(City)

Florida

32256

(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.

Angela Helm

(Registered agent's signature)

2021 JUN 25 AM 9:50
JUL 1 2021
JUL 1 2021
JUL 1 2021

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:	Angela Helm		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	333 Texas Street		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite 1300		<input type="checkbox"/> Authorized			
Person		Shreveport, Louisiana 71101		Person			
<input type="checkbox"/> Other				<input type="checkbox"/> Other			

<input checked="" type="checkbox"/> Manager	Name:	Angela Helm		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	333 Texas Street		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite 1300		<input type="checkbox"/> Authorized			
Person		Shreveport, Louisiana 71101		Person			
<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			

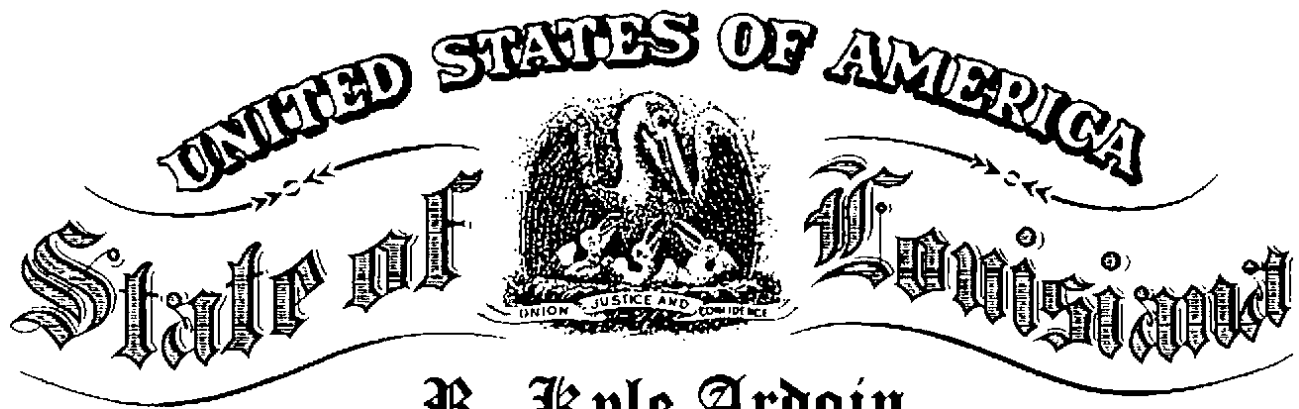
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Angela Helm
Signature of an authorized person

Angela Helm
Typed 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

MISSION TO FIX IT FINANCIAL SOLUTIONS LLC

A limited liability company domiciled in SHREVEPORT, LOUISIANA,

Filed charter and qualified to do business in this State on September 22, 2020,

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,

June 17, 2021

Secretary of State

Web 44081671K



Certificate ID: 11412970#52N83

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