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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

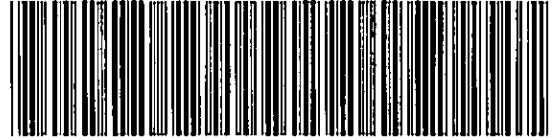
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA

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9/20/21



ENGINEERING LLC

GIS ENGINEERING, LLC

Corporate Address:
18838 Hwy. 3235
Galliano, LA 70354-0438
Corporate Phone: (985) 475-5238
Corporate Fax: (985) 475-7014
www.gisy.com

August 19, 2021

FEDEX 774582574169

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: REGISTRATION

To Whom it May Concern:

Attached please find the Application, Certificate of Existence, and check to register our company with your office.

Please process these and forward me a Certificate of Status using the attached self-addressed stamped envelope.

If you need anything else, just let me know.

I remain,

Sincerely,

GIS ENGINEERING, LLC

A handwritten signature in black ink that reads "Diane B. Plaisance". The signature is written in a cursive style and is positioned above a horizontal line.

Diane B. Plaisance, Secretary
Legal Department
diplaisance@gisy.com

DBP
Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GIS Engineering, 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:

Diane B. Plaisance
Name of Person
GIS Engineering, L.L.C.
Firm/Company
18838 Hwy. 3235
Address
Galliano, LA 70354
City/State and Zip Code
legai@gisy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane B. Plaisance at (985) 475-5238
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2021

DIANE B PLAISANCE
18838 HWY 3235
GALLIANO, LA 70354

SUBJECT: GIS ENGINEERING, L.L.C.
Ref. Number: W21000116855

We have received your document for GIS ENGINEERING, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 221A00020461

RECEIVED
SEP 14 2021

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. GIS Engineering, 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 3. 81-0966624
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 18838 Hwy. 3235 6. P.O. Box 820
(Street Address of Principal Office) (Mailing Address)
Galliano, LA 70354 Galliano, LA 70354

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 Jessica Hale Jessica Hale, Asst. Secretary
(Registered agent's signature)

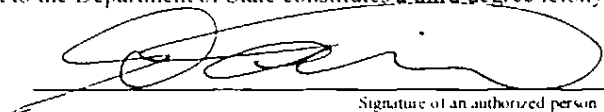
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: GIS, LLC	<input checked="" type="checkbox"/> Manager	Name: Brad Pregeant
<input checked="" type="checkbox"/> Member	Address: 18838 Hwy. 3235	<input type="checkbox"/> Member	Address: 18838 Hwy. 3235
<input type="checkbox"/> Authorized	Galliano, LA 70354	<input type="checkbox"/> Authorized	Galliano, LA 70354
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Mark A. Pregeant, II	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 18838 Hwy. 3235	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Galliano, LA 70354	<input type="checkbox"/> Authorized	_____
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Daniel St. Germaine	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 18838 Hwy. 3235	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Galliano, LA 70354	<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

Daniel St. Germaine

 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

GIS ENGINEERING, L.L.C.

A limited liability company domiciled in GALLIANO, LOUISIANA,

Filed charter and qualified to do business in this State on December 28, 2015,

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.

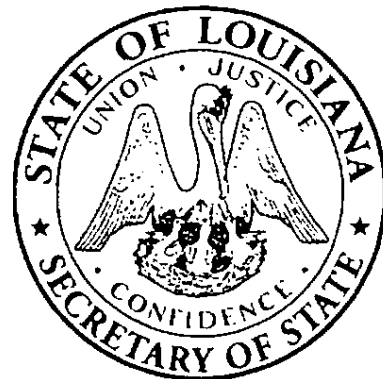
I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

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,

August 11, 2021

Secretary of State

Web 42116621K



Certificate ID: 11441121#N83

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