

12/3/21, 10:14 AM

Division of Corporations

M21000016283

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H210004415193)))



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Account Number : 105256001620
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2021 DEC -3 PM 12:39
FILED
TALLAHASSEE, FL

2021 DEC -3 PM 11:00
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**Foreign Limited Liability Company
Lacroix Investment Company, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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S. ROBERTS

DEC 03 2021

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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. Lacroix Investment Company, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 721237461

(FEI number, if applicable)

4. 02/15/2021(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)5. 5150 Tamiami Trail North Suite 204

(Street Address of Principal Office)

6. 5150 Tamiami Trail North Suite 204

(Mailing Address)

Naples, Florida 34103Naples, Florida 341037. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Business Filings IncorporatedOffice Address: 1200 South Pine Island RoadPlantation

(City)

Florida 33324

(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)

Mark Williams, A.V.P., Business Filings Incorporated

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TALLAHASSEE, FL

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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: <u>Michael B White</u>	<input type="checkbox"/> Manager	Name: <u>Virginia White</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>5150 Tamiami Trail North, Suite 204</u>	<input type="checkbox"/> Authorized	<u>5150 Tamiami Trail North, Suite 204</u>
Person	<u>Naples, Florida 34103</u>	Person	<u>Naples, Florida 34103</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Michael B White Trust</u>	 <input type="checkbox"/> Manager	Name: <u>Michael Bright White Childrens Trust</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>5150 Tamiami Trail North, Suite 204</u>	<input type="checkbox"/> Authorized	<u>5150 Tamiami Trail North, Suite 204</u>
Person	<u>Naples, Florida 34103</u>	Person	<u>Naples, Florida 34103</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Michael B White Jr Trust</u>	 <input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>5150 Tamiami Trail North, Suite 204</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Naples, Florida 34103</u>	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

Michael B White

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LACROIX INVESTMENT COMPANY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4371686 8300

SR# 20213957276

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204844172

Date: 12-02-21