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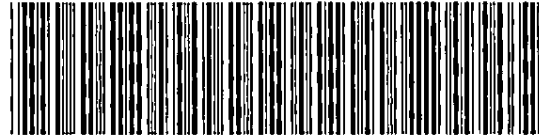
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**DATE: 06/08/22**

**NAME: 97 SPRING CONDOS LLC**

**TYPE OF FILING: APPLICATION**

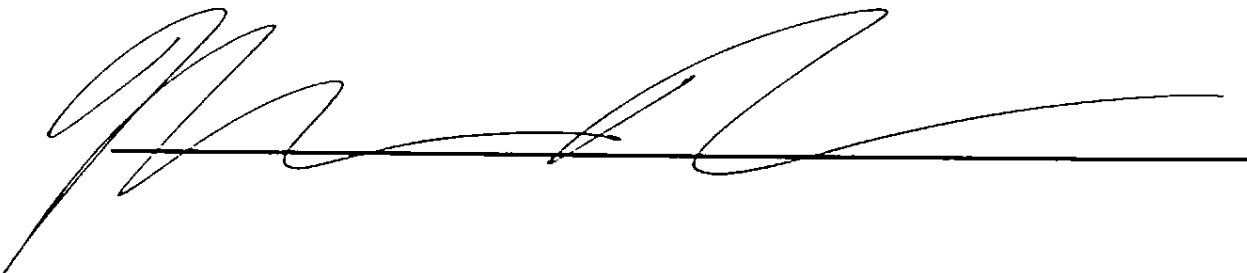
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**AUTHORIZATION: ABBIE/PAUL HODGE**



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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 97 Spring Condos 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:

Keny Anne Schultz

\_\_\_\_\_  
Name of Person

Schultz Law Group, P.L.L.C.

\_\_\_\_\_  
Firm/Company

2779 Gulf Breeze Parkway

\_\_\_\_\_  
Address

Gulf Breeze, Florida 32563

\_\_\_\_\_  
City/State and Zip Code

kaschultz@schultzlawgrp.com

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

For further information concerning this matter, please call:

Kerry Anne Schultz

850

754-1600

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

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. 97 Spring Condos 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. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6859 Jefferson Highway, Suite A  
(Street Address of Principal Office)

6. 6859 Jefferson Highway, Suite A  
(Mailing Address)

Baton Rouge, LA 70806

Baton Rouge, LA 70806

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

Name: Kerry Anne Schultz, Esquire

Office Address: 2779 Gulf Breeze Parkway

Gulf Breeze 32563


(City)

, Florida

(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)

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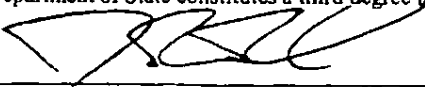
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: Roger Bryson                   | <input type="checkbox"/> Manager           | Name: John Buzzell                   |
| <input checked="" type="checkbox"/> Member | Address: 6859 Jefferson Hwy, Suite A | <input checked="" type="checkbox"/> Member | Address: 6859 Jefferson Hwy, Suite A |
| <input type="checkbox"/> Authorized        | Baton Rouge, LA 70806                | <input type="checkbox"/> Authorized        | Baton Rouge, LA 70806                |
| Person                                     |                                      | Person                                     |                                      |
| <input type="checkbox"/> Other             | <input type="checkbox"/> Other       | <input type="checkbox"/> Other             | <input type="checkbox"/> Other       |
| <br><input type="checkbox"/> Manager       | Name: _____                          | <br><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       |
| <br><input type="checkbox"/> Manager       | Name: _____                          | <br><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       |

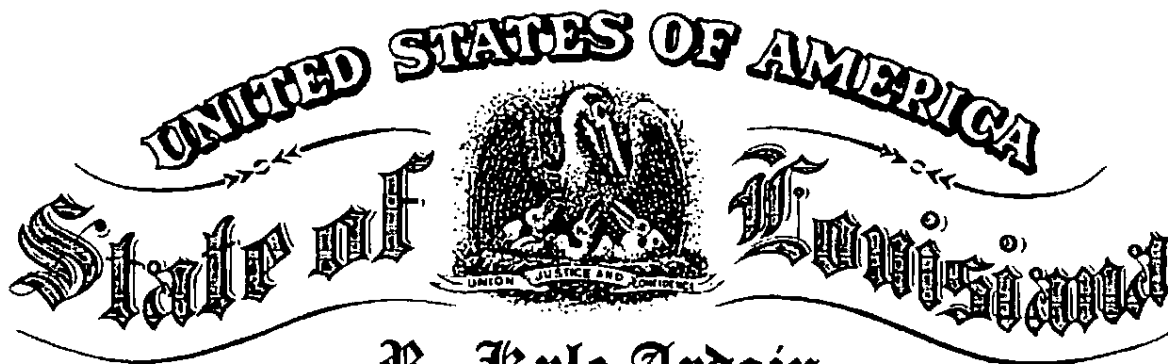
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

X   
\_\_\_\_\_  
Signature of an authorized person

X John Buzzell  
\_\_\_\_\_  
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*

**97 SPRING CONDOS LLC**

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on March 26, 2022,

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 3, 2022

*R. Kyle Ardoin*

*Secretary of State*

Web 44858561K



Certificate ID: 11580636#MVM73

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](http://www.sos.la.gov)