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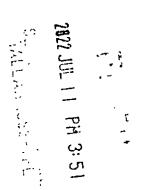
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, , ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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S. ROBERTS

JUL 1 1 2022

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Copano Beach Properties LLC						
Name of Limited Liability Company							
			on to Transact Business in Florida," Certificate of I liability company to transact business in Florida.				
Please return	n all correspondence concerning this matter	to the following:					
	Kendra Desormeaux						
	Name of Person						
	Copano Beach Properties LLC						
Firm/Company							
	1837 Tuscana Place						
	Miramar Beach, FL 32550						
		City/State and Zip Code					
	jgavin@jlgsvcs.com						
	Ē-mail address: (to b	oe used for future annual re	port notification)				
For further i	information concerning this matter, please c	all:					
Jea	anne Gavin	225 at ()	226-5280				
<u>-</u>	Name of Contact Person	Area Code	Daytime Telephone Number				
Mailing Address: Registration Section		_	Registration Section				
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	-				
Tallahassee. FL 32314		2415 N. Monroe	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Ple	closed is a check for the following amount: tase make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate	ee & 🔲 \$155.00 Fifin	g Fee & 🔲 \$160.00 Filing Fee, Certificate				

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Copano Beach Properties LLC (Name of Foreign Limited Liability Company: n	ust include "Limited Liability Compa	ny," "L.L.C.," or "L.L.C.")			
Copano Beach Properties of Florida LLC					
(If name unavailable, enter alternate name adopted for the purpose of tra	nsacting business in Florida. The alternate i	name must include "Limited Liability Comp	pany," "L.L.C," or "LLC.")		
Louisiana 2	3	(FEI number, if applica			
(Jurisdiction under the law of which foreign limited liability comp	iny is organized)	(FEI number, if applica	if applicable)		
June 30, 2022 4.					
4. (Date first trunsacted busine (See sections 605.0904 & 60	s in Florida, if prior to registration.) 5.0905, F.S. to determine penalty liability)	***************************************			
1837 Tuscana Place	1837	Fuscana Place			
5. (Street Address of Principal Office)	()	failing Address)			
Miramar Beach, FL	Miran	Miramar Beach, FL			
32550	32550		2822 JI		
7. Name and street address of Florida registered a	gent: (P.O. Box <u>NOT</u> accepta	ble)	L I PH		
Name: Kendra Desormeaux			PH 3: 5		
Office Address: 1837 Tuscana Place			·		
Miramar Beach		32550 , Florida			
	(Спу)	(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.

Kenda Ler Chmeaux
(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]:

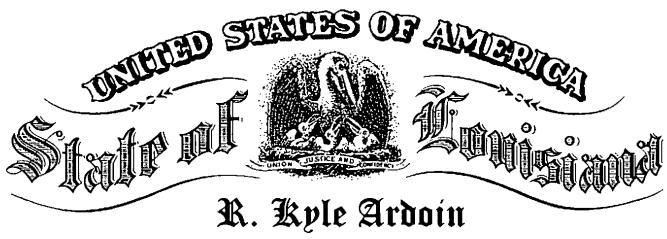
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Kendra Desormeaux	■Manager	Name: Thomas Desormeaux
■Member	Address:	■Member	Address: 1837 Tuscana Place
■Authorized	Miramar Beach, FL 32550	□Authorized	Miramar Beach, FL 32550
Person	Kendra Desormeaux	Person	Thomas Desormeaux
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	 	□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	

<u>Important Notice</u>: 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.

Hendra Desormeaux

Typed or printed name of signee



SECRETARY OF STATE

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

the Articles of Organization of

COPANO BEACH PROPERTIES, LLC

Domiciled at LAFAYETTE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on February 24, 2014,

I further certify that no Certificate of Dissolution or Termination has been issued.

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 16, 2022

L Tale No 2 Secretary of State

Web 41438462h



Certificate ID: 11571517#HHH62

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