

W22000011643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

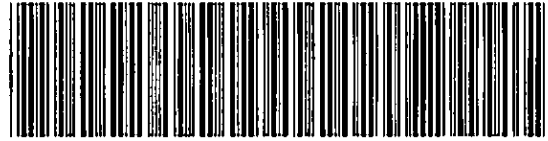
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2022 JUL 26 PM 7:31

S. FRANKLIN

JUL 26 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEBREAUX, 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:

ROBERT ROWE

Name of Person

ROWE LAW CORPORATION

Firm/Company

113 OIL CENTER DRIVE

Address

LAFAYETTE, LA 70503

City/State and Zip Code

rowelawcorp@yahoo.com

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

2022 MAR 26 PM 7:31

For further information concerning this matter, please call:

ROBERT ROWE

337

2669626

Name of Contact Person

at ()

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. LEBREAUXS 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. MICHAEL ROHM
(Street Address of Principal Office)

6. MICHAEL ROHM
(Mailing Address)

1048 HIGHWAY 98 EAST, SUITE 1004W

1048 HIGHWAY 98 EAST, SUITE 1004W

DESTIN, FLORIDA 32541-7969

DESTIN, FLORIDA 32541-7969

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

Name: MICHAEL ROHM

Office Address: 1048 HIGHWAY 98 EAST, SUITE 1004W

DESTIN 32541
_____, Florida _____
(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.

Michael Rohm
(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>
<input checked="" type="checkbox"/> Manager	Name: MICHAEL ROHM
<input checked="" type="checkbox"/> Member	Address: 1048 HIGHWAY 98 EAST
<input checked="" type="checkbox"/> Authorized	SUITE 1004W
Person	DESTIN, FL 32541
<input type="checkbox"/> Other	<input type="checkbox"/> Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>VICTORIA ROHM</u>
<input checked="" type="checkbox"/> Member	Address: <u>1048 HIGHWAY 98 EAST</u>
<input checked="" type="checkbox"/> Authorized	<u>SUITE 1004W</u>
Person	<u>DESTIN, FL 32541</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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)

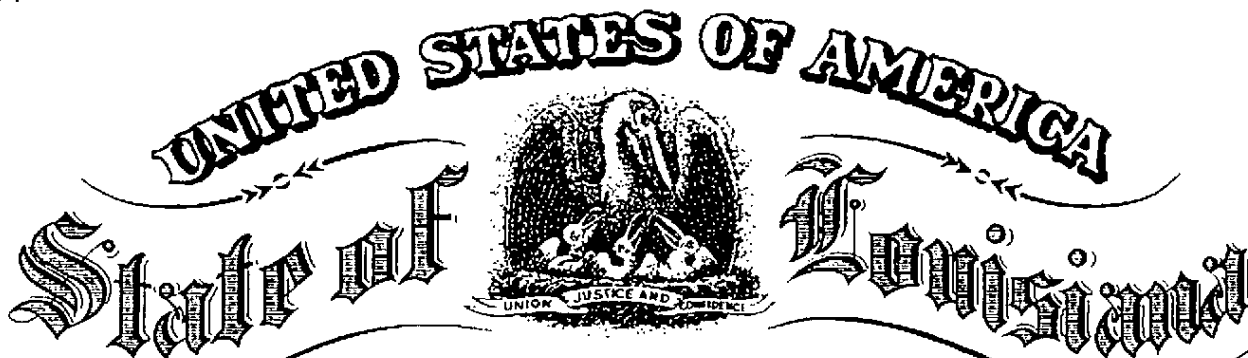
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Rehm

Signature of an authorized person

MICHAEL ROHM

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

LEBREAUXX LLC

A limited liability company domiciled in MANDEVILLE, LOUISIANA,

Filed charter and qualified to do business in this State on June 29, 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.

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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 29, 2022

Secretary of State

Web 44999130K



Certificate ID: 11592603#ESL73

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2022

ROBERT ROWE
113 OIL CENTER DRIVE
LAFAYETTE, LA 70503 US

SUBJECT: LEBREAUXS, L.L.C.
Ref. Number: W22000093714

We have received your document for LEBREAUXS, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please remove the punctuation from the business name on line "1" of the application. ✓

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document. ✓

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 222A00015918

RECEIVED
JUL 20 2022

JUL 20 2022