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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

S. ROBERTS

AUG 10 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Passiflora Properties, 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:

Heidi B Hernandez

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

Passiflora Properties, LLC

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

59101 Amber St.

\_\_\_\_\_  
Address

Slidell, La 70461

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

heidibh113@gmail.com

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

For further information concerning this matter, please call:

Heidi B Hernandez

985

768-1050

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. Passiflora Properties, 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. State of Louisiana 3. 88-2490275  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 30 2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 59101 Amber St. 6. 59101 Amber St.  
(Street Address of Principal Office) (Mailing Address)

Slidell, La 70461 Slidell, La 70461

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

Name: Humberto Enrique Hernandez

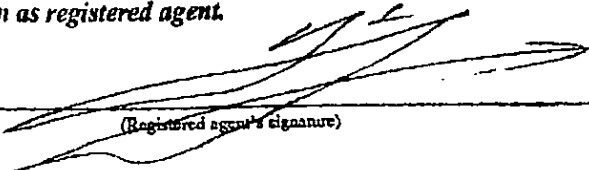
Office Address: 174 Wooded Vine Dr.

Winter Springs, Florida 32708  
(City) (Zip code)

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TALLAHASSEE, FL

**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)

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]:

|                                                |                                      |
|------------------------------------------------|--------------------------------------|
| <b><u>Title or Capacity:</u></b>               | <b><u>Name and Address:</u></b>      |
| <input type="checkbox"/> Manager               | Name: <u>Heidi B Hernandez</u>       |
| <input type="checkbox"/> Member                | Address: <u>59101 Amber St</u>       |
| <input checked="" type="checkbox"/> Authorized | <u>Slidell, La 70461</u>             |
| Person                                         | <u></u>                              |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Eduardo J Hernandez

☐ Member Address: 59101 Amber St.

☒ Authorized Slidell, La 70461

Person

☐ Other  ☐ Other

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ 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.

112 119  
Signature of an authorized person

Heidi B. Hernandez  
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*

the Articles of Organization of

**PASSIFLORA PROPERTIES, L.L.C.**

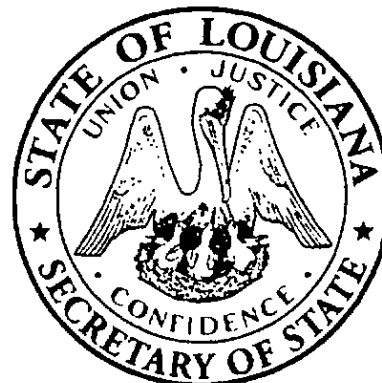
Domiciled at SLIDELL, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 25, 2022,

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,

August 2, 2022



*Secretary of State*

Web 44951364K

Certificate ID: 11607404#JUL73

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)**