page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000320388 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Corporations
	Division of Corporations Fax Number : (850)617-6383
	rax Number : (050)017-0505
From:	
	Account Name : REGISTERED AGENTS INC.
	Account Number : I20090000081
	Phone : (307)200-2803
	Fax Number : (855)330-1010
**Enter	the email address for this business entity to be used for future
an	nnual report mailings. Enter only one email address please.**
Em	mail Address:

## **Foreign Limited Liability Company** MATTHEW MACK ABRAHAM, LLC

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

Electronic Filing Menu

Corporate Filing Menu

S. FRANKLIN Help-p 16 2022

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

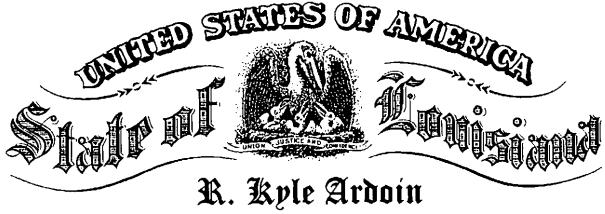
IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MATTHEW MACK ARRAHAM LLC

		in Florida. The afternate name must include "Limited Liability Company,"	
Louisiana	nich foreign limited liability company is organized)	3. 90-0089838	
Charled section above the law of w	nen idreign immee nammy company is organized)	The state of the s	
<del></del>	Date first transacted business in Florida, if pro	or to registration.)	
0054.7.1	(See sections 605,0904 & 605,0905, F.S. to de		
2851 Johnston	St. PMB 517	6. 7901 4th St N STE 300 (Mailing Address)	2()
reet Address of Principal Office)		(Mailing Address)	27.5
Lafayette LA 70503		St. Petersburg FL 33702	1(125-3)
			ហ
			<del>-</del> ₽:
	· · · · · · · · · · · · · · · · · · ·		??
Name and street addres	s of Florida registered agent: (P.O.)	Box NOT acceptable)	  60
Name:	Northwest Registered	Agent LLC	
Name.			
Office Address:	7901 4th St N STE 300	)	
37.1.007.1			
	Ct Dotorchura	, 110 and a 33702	
	St. Petersburg	, Florida <u>33702</u>	

(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: Name: Matthew Abraham □Manager Name: □ Manager Address: ☐ Member **Member** Address: 115 QUEENSBERRY DR □ Authorized □ Authorized LAFAYETTE LA 70508-5421 Person Person Other\_\_\_\_ □Other\_\_\_\_\_ □ Other Other Name: □ Manager □Manager Name: ☐ Member Address: \_\_\_\_\_ Address: □Member □ Authorized □ Authorized Person Person □Other\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ Name: □ Manager Name: \_\_\_\_\_ □Manager Address: \_\_\_\_\_\_ Address: □Member □ Member ☐ Authorized □ Authorized Person Person □Other \_\_\_\_\_ □Other\_\_\_\_\_ □Other \_\_\_\_\_ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Morgan Noble

Typed or printed name of signee



SECRETARY OF STATE

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

## MATTHEW MACK ABRAHAM, LLC

A limited liability company domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on June 12, 2003,

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,

September 15, 2022

OF LOUIS AND THE CAPTURE STATE OF LOUIS AND THE CAPTURE STATE OF LOUIS AND THE CAPTURE STATE OF THE CAPTURE STATE

Certificate ID: 11626510#NJ62

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

12 12 162 Secretary of State

Web 35499855K