

W220000016351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

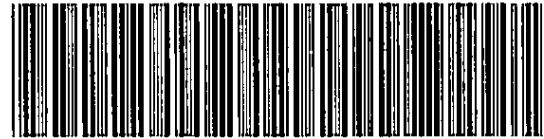
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/15/22--01026--011 **87.50

10/25/22--01009--014 **72.50

2022 OCT 21 PM 7:03

S. FRANKLIN
OCT 25 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vecta Environmental Services, 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:

Ashley Clayton

Name of Person

Vecta Environmental Services, LLC

Firm/Company

2801 S. Darla Avenue

Address

Gonzales, LA 70737

City/State and Zip Code

aclayton@vectaenvironmental.com

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

For further information concerning this matter, please call:

Ashley Clayton

225

572-7387

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

2021-21 P17:03

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. Vecta Environmental Services, 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 45-2083549
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/05/11
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. (Street Address of Principal Office) 6. P.O. Box 1787
(Mailing Address)

2801 S Darla Ave

Gonzales, LA 70707

Gonzales, LA 70737

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

Name: Mike Kline

Office Address: 2036 Imerson Rd

Jacksonville 32220
(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)

2011-05-05 12:21 PM EDT

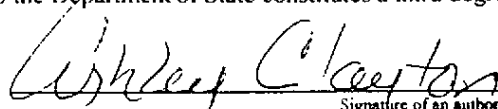
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Kenny Rouse</u>	<input type="checkbox"/> Manager	Name: <u>Chaed Kalland</u>
<input checked="" type="checkbox"/> Member	Address: <u>36145 Fore Rd.</u>	<input checked="" type="checkbox"/> Member	Address: <u>2910 Laurel Mist Ct.</u>
<input type="checkbox"/> Authorized	<u>Denham Springs, LA 70706</u>	<input type="checkbox"/> Authorized	<u>Kingswood, TX 77345</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Selena Ray</u>	<input type="checkbox"/> Manager	Name: <u>Lee Rash</u>
<input checked="" type="checkbox"/> Member	Address: <u>12734 Thoroughbred Ln</u>	<input checked="" type="checkbox"/> Member	Address: <u>3700 N. Capital of Texas Hwy</u>
<input type="checkbox"/> Authorized	<u>Walker, LA 70785</u>	<input type="checkbox"/> Authorized	<u>Austin, TX 78746</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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)

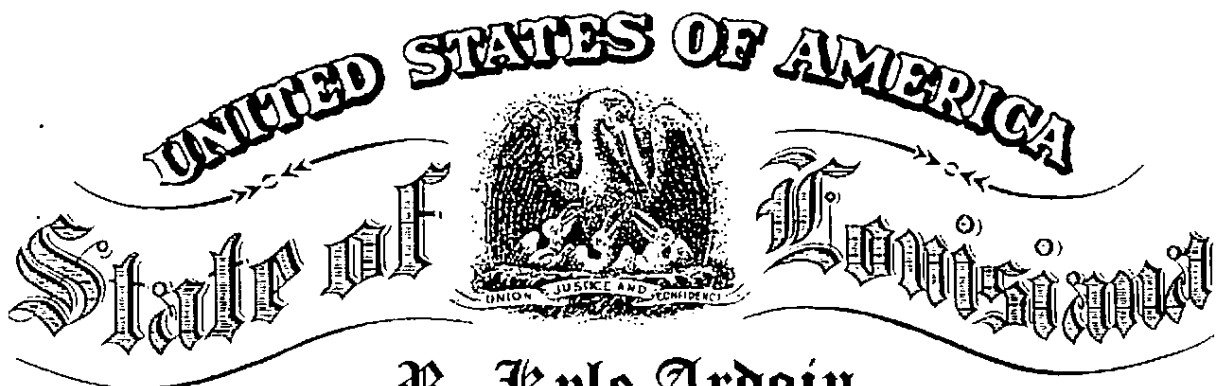
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Ashley Clayton, VP of Finance

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

VECTA ENVIRONMENTAL SERVICES, LLC

Domiciled at GONZALES, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 05, 2011,

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 9, 2022

Secretary of State

Web 40502884K



Certificate ID: 11610287#FTL73

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

August 18, 2022

ASHLEY CLAYTON
2801 S DARLA AVENUE
GONZALES, LA 70737 US

SUBJECT: VECTA ENVIRONMENTAL SERVICES, LLC
Ref. Number: W22000106779

We have received your document for VECTA ENVIRONMENTAL SERVICES, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a foreign corporation, but your entity is a foreign limited liability company. Please complete and return the enclosed blank form(s).

There is a balance due of \$72.50.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 122A00018494

RECEIVED

OCT 21 2022