

**M220000016351**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

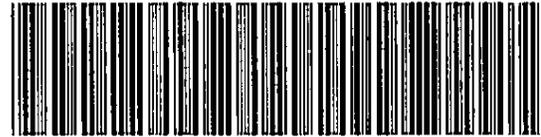
\_\_\_\_\_  
(Business Entity Name)

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

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2022 OCT 21 PM 7:03

S. FRANKLIN  
OCT 25 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:

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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-2083549  
(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 70737

Gonzales, LA 70707

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

Name: Mike Kline

Office Address: 2036 Imerson Rd

Jacksonville Florida 32220  
(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.



(Registered agent's signature)

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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 Person	<u>Denham Springs, LA 70706</u>	<input type="checkbox"/> Authorized Person	<u>Kingswood, TX 77345</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<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 Person	<u>Walker, LA 70785</u>	<input type="checkbox"/> Authorized Person	<u>Austin, TX 78746</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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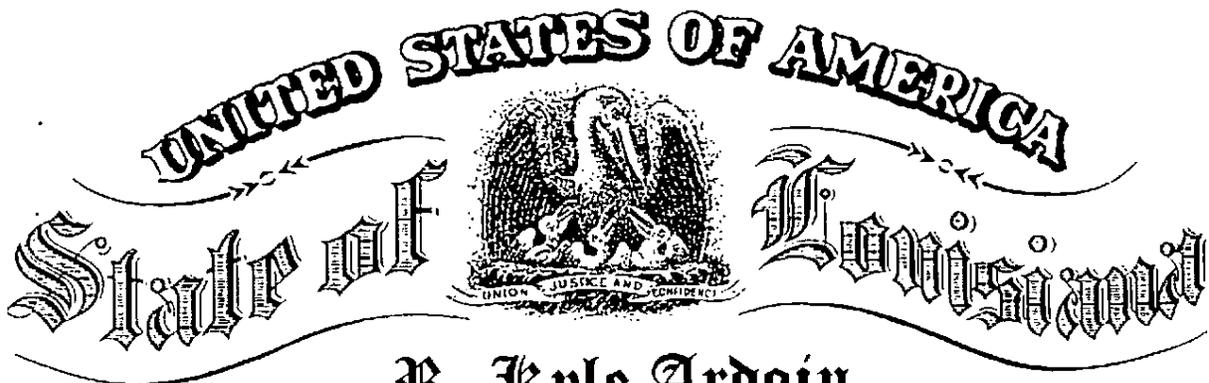
**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Ashley Clayton  
 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](http://www.sos.la.gov)

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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

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OCT 21 2022