M23000005014

(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:				

Office Use Only



400405915844

64/64/23--01020--012 *•125.00

1023 APC - 1 P'1 4: 07

S. ROBERTS

APR 1 9 2023

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: GAGNARD REAL ESTATE 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:

Name of Person

GAGNARD REAL ESTATE PROPERTIES

Firm/Company

LAFANETTE LA 70508

City/State and Zip Code

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

For further information concerning this matter, please call:

ERIN HELMS

Name of Contact Person

at (337) 216 - 6547

Area Code Daytime Telephone Number

Mailing Address: Street Address:

Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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

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:

(Name of Foreign Limited Liability Company; must include "Limited Company)	POPERTIES J Liability Company," "L.L.C.	, LL C .," or "U.C.")		
name unavailable, enter diternale name adopted for the purpose of transacting business in Fi LOUISIANA (Junsdiction under the law of which foreign limited liability company is organized)	orida. The alternate name must inc			L C." or "(,l
(Date first transacted Susiness in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	registration) ne penalty hability)			
1100 CAMELLIA BLVD ect Address of Principal Office)	6. (Mailing Addres	s)		2023 APR -1
SUITE 201 LAFAMETTE LA 70508			·	
Name and street address of Florida registered agent: (P.O. Box	NOT acceptable)			PH 4: 07
Name: COGENCY GLOBA	INC.			
Office Address: 115 N. CALHOUNST	5TE 4			
TALLAHASSEE (City)	, Florida _	32301 (Zincode)		

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.

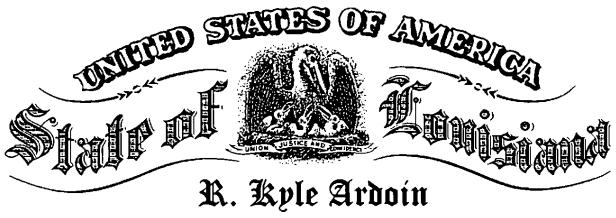
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: POBERT GAGNARD	⊠Manager	Name: PODNEY SAVOY
□Member	Address: 1100 CAMELLIA	□Member	Address: 1100 CAMELLIA
A uthorized	BLVD. SUITE 201	□Authorized	BLVD. SUITE 201
Person	LAFAHETTE LA 70508	Person	LAFANETTE LA 70508
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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. 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



SECRETARY OF STATE

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

the Articles of Organization of

GAGNARD REAL ESTATE PROPERTIES, LLC

Domiciled at LAFAYETTE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on October 17, 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,

March 20, 2023

Certificate ID: 11704316#6DF52

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

L 12 fe 162 Secretary of State Web 45124607K