

M23000010003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

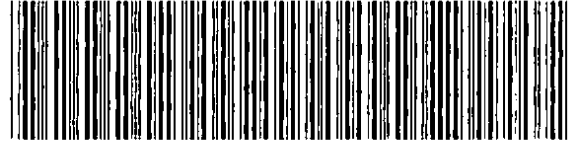
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FL

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**THOMAS G. DONELON**

ATTORNEY AND COUNSELOR AT LAW  
3500 North Hullen Street, Suite 226  
Metairie, Louisiana 70002

Tel: (504) 388-1241; Fax (504) 369-3454  
Email: [tdonelon@dependabletitle.net](mailto:tdonelon@dependabletitle.net)

July 21, 2023

Florida Department of State  
Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Destin Properties X, LLC

Dear Sir:

Enclosed you will find the necessary documents to record Destin Properties X, LLC, as a foreign limited liability company authorized to transact business in the State of Florida.

Sincerely,



Thomas G. Donelon

TGD:gtd  
Enclosures  
cc: Mr. E. Gerald Hebert

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Destin Properties X, 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:

Thomas G. Donelon

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

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

3500 North Hullen Street

\_\_\_\_\_  
Address

Metairie, LA 70002

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

tdonelon@dependabletitle.net

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

For further information concerning this matter, please call:

Thomas G. Donelon

504

388-1241

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. Destin Properties X, 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. 93-2480395  
(FEI number, if applicable)

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

5. 3655 Senic Highway 98, Unit A402  
(Street Address of Principal Office)

6. 3655 Senic Highway, Unit A402  
(Mailing Address)

Destin, Florida 32541

Destin, Florida 32541

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

Name: E. Gerald Hebert

Office Address: 3655 Senic Highway 98, Unit A402

Destin, Florida 32541  
(City) (Zip code)

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TALLAHASSEE, FL

FILED

**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.*

E. Gerald Hebert  
(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:**

☒ Manager Name: E. Gerald Hebert

☒ Member Address: 3655 Senic Highway 98.

☒ Authorized Unit A402

Person Destin, Florida 32541

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: George Chin

☒ Member Address: 916 Transcontinental Drive

☐ Authorized Metairie, LA 70001

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Thomas Breaux

☒ Member Address: 3151 Veranda Lake Drive

☐ Authorized Baton Rouge, LA 70810

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☐ Manager Name: James Ravannack

☒ Member Address: 3233 Florida Ave.

☐ Authorized #100

Person Kenner, LA 70065

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Walter Chin

☒ Member Address: 4824 Church Street

☐ Authorized Metairie, LA 70001

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Elson Breaux

☒ Member Address: 15141 Bluffwood Circle

☐ Authorized Prairieville, LA 70769

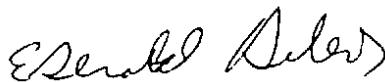
Person \_\_\_\_\_

☐ 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)

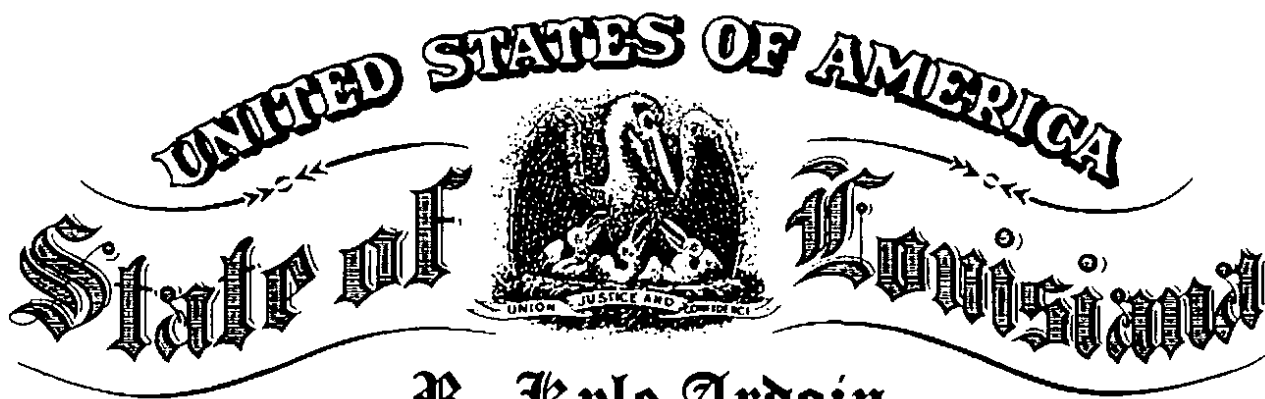
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

E. Gerald Hebert

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

**DESTIN PROPERTIES X, LLC**

Domiciled at JEFFERSON, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on July 21, 2023,

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,

July 21, 2023

*Secretary of State*

Web 45514929K



Certificate ID: 11759195#73P83

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)**