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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6333

From: Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : 120190000128
Phone : (850)769-3434
Fax Number : (850)769-6121

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jcampfieri@handfirm.com

Foreign Limited Liability Company
MARK GAUTHIER INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MarkGauthierInvestments,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:

JessieCampfield

Name of Person

HANDARENDALLHARRISONSAI,LLC

Firm/Company

35008EmeraldCoastPkwy,Ste 500

Address

DESTIN,FL32541

City/State and Zip Code

JCAMPFIELD@HANDFIRM.COM

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

For further information concerning this matter, please call:

JESSICACAMPFIELD

850

650-0010

50

1

Name of Contact Person

Area Code

Daytime Telephone Number

MailingAddress:

RegistrationSection
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:

RegistrationSection
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

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

IN COMPLIANCE WITH SECTION 605.062, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MarkGauthierInvestments,LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Louisiana 3. 84-4741620
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. July 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0603 & 605.0905, F.S., to determine penalty liability)

5. 1005SmithDr. 6. 1005SmithDr.
(Street Address of Principal Office) (Mailing Address)
Metairie, LA 70005 Metairie, LA 70005

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

Name: HANDARENDALLHARRISONSALE,LLC

Office Address: 35008EmeraldCoastPkwy,Ste.500

Destin 32541
(City) (Zip code)
Florida

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.

Executed by
Dean J. Manig
(Registered agent's signature)

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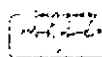
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members-managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>MARK GAUTHIER</u>	☐ Manager	Name: _____
☐ Member	Address: <u>1005 Smith Dr.</u>	☐ Member	Address: _____
☐ Authorized	<u>Metairie, LA 70005</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ 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.



9/27/2023

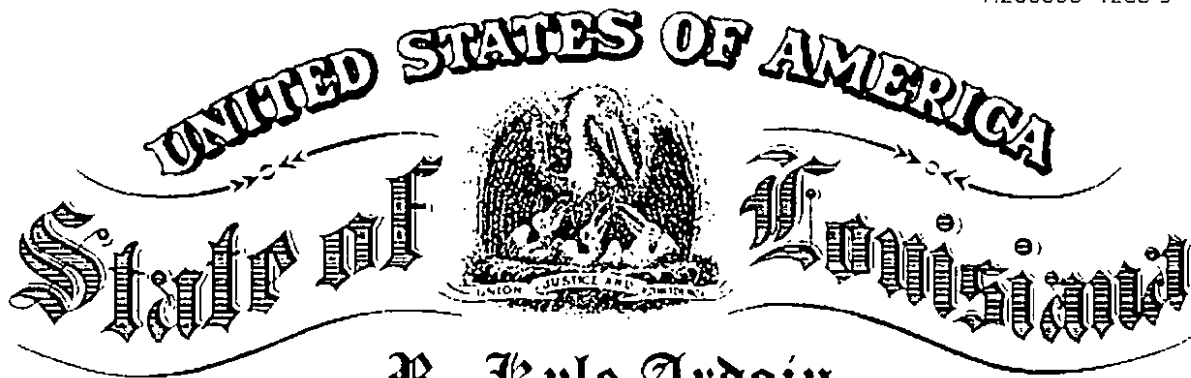
Signature of an authorized person

MARK GAUTHIER

Typed or printed name of signer

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R. Kyle Ardoin
SECRETARY OF STATE

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

MARK GAUTHIER INVESTMENTS, LLC

A limited liability company domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on February 18, 2020,

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.

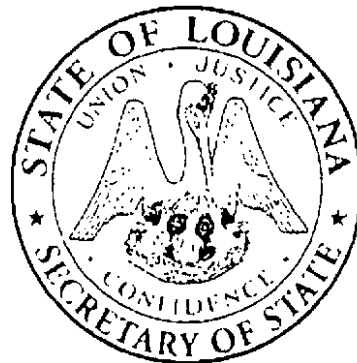
I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

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 26, 2023

Secretary of State

Web 43784643K



Certificate ID: 11788282#MVM73

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