

M230000013956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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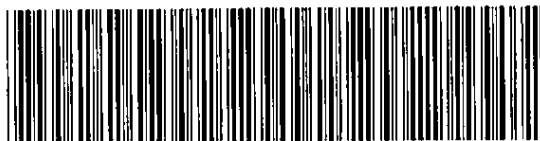
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: ACADIAN HEALTH, L.L.C.  
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:

JESSE PROCTOR

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Name of Person

ACADIAN AMBULANCE SERVICE, INC.

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Firm/Company

P.O. BOX 92881

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Address

City/State and Zip Code

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

For further information concerning this matter, please call:

JESSE PROCTOR                      337                291-1591  
\_\_\_\_\_ 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. ACADIAN HEALTH, L.L.C.

(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.

(FEI number, if applicable)

4. N/A

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

5. 130 E. KALISTE SALOOM RD

(Street Address of Principal Office)

P.O. BOX 98000

6.

(Mailing Address)

LAFAYETTE, LA 70508

LAFAYETTE, LA 70509-8000

ATTN: KATHY MARTIN

ATTN: KATHY MARTIN

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

Name:

C T CORPORATION SYSTEM

Office Address:

1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida 33324

(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.

Michelle L. Faur, Asst. Secretary  
(Registered agent's signature)

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TALLAHASSEE, FL

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: Acadian Ambulance Service, Inc.

☒ Member                      Address: 130 E. Kaliste Saloom Rd.

☐ Authorized                      Lafayette, LA 70508

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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

☒ Manager                      Name: Charles Burnell

☐ Member                      Address: 130 E. Kaliste Saloom Rd

☐ Authorized                      Lafayette, LA 70508

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

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.

Howard E. Dupuis  
Signature of an authorized person

Howard E. Dupuis, Exec. VP / CFO  
Typed or printed name of signee



**R. Kyle Ardoin**  
SECRETARY OF STATE

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

**ACADIAN HEALTH, L.L.C.**

A limited liability company domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on May 28, 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,

October 9, 2023



*Secretary of State*

Web 43915815K

Certificate ID: 11793630#52N83

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)**