M24000008824

(Rec	questor's Name)	
(Add	Iress)	
(Add	fress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



200431204412

024 JUL | | PM 2: 0

RECEIVED

FILED FILED 83

JUL 12 2024 K. Brumbley

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

07/11/2024

NAME: GUARANTEE ENVIRONMENTAL SERVICES LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Guarantee Environmental Services, 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:
Shannon Rivett Name of Person
Guarantee Environmental Services, LLC Firm/Company
14248 Perkins Road Address
Baton Rouge, LA 70810 City/State and Zip Code
Shannon @ 247 GRS. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shannon Rivett at 225 753-8682 ext. 227 Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Boxed{\subseteq} \$125.00 \text{ Filing Fee} \Boxed{\subseteq} \$130.00 \text{ Filing Fee} & \Boxed{\subseteq} \$155.00 \text{ Filing Fee} & \Boxed{\subseteq} \$160.00 \text{ Filing Fee, Certificate} \text{ Certificate of Status} \text{ Certified Copy} \text{ of Status & Certified Copy}

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORID	EX THE FOLLOWING ISSU DA:	BMITTED TO RECESTER .	A FOREIGN LIMITED LIABILI	ΤY
1. Guarantee Environme (Name of Foreign Limited Liability Company; must inch	ental Service Companied Liability Compan	Ves LLC		
(If name unavailable, enser alternate name adopted for the purpose of transacting	business in Florida. The alternate ru	ame must include "Limited Liabil	ity Company," "L.L.C." or "[1.C."]	
2	a	13-15027		
4. Upon filing Out list transacted business in Flore (See sections 605,0904 & 605,0905, F			_ -	
5. 16248 Perkins Road (Street Address of Principal Office)		248 Perki	ins Road	
Baton Rouge, LA 70810	Ba	ton Rouge,	LA 70810	
7. Name and street address of Florida registered agent: ((P.O. Box <u>NOT</u> acceptab	ole)	2024 JU	نڌ
Name: First Corporat	le Solutions,	Inc.	FILE ETAST ETAST ETAST	ててスピ
Office Address: 155 Office	Plaza Dri	've	7.55 7.55 7.55 7.55 7.55 7.55 7.55 7.55	7 10
Tallahassee	, , , , , , , , , , , , , , , , , , , ,	Florida 3230 (Zip code)		
Registered agent's acceptance: Having been named as registered agent and to accept se designated in this application, I hereby accept the appoi to comply with the provisions of all statutes relative to the and accept the obligations of my position as registered a	intment as registered age he pro <u>p</u> er and complete p	ent and agree to act in t	his capacity. I further agre	te
(Regist	scred agent's virgature)		_	

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: William Shawn Folks (E) Manager Name: Brandon Roberts **M**anager Address: 14302 Memorial Tower Dr. □Member □Member □ Authorized □ Authorized Person Person MOther DWner XOther CED □Other_ □Other X Manager **⊠**Manager □Member □ Member □ Authorized □ Authorized Person Person Other Other_ ☐Other_ Other_ Name: Morman Stephens □ Manager Manager 27 Murphy Webb Ramember □Member □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. Nonindexed 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



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

GUARANTEE ENVIRONMENTAL SERVICES, LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on August 09, 2018,

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,

June 27, 2024

Mancy fandry_ Surstary of State

Web 43157272K



Certificate ID: 11901634#DFG62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Fillings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov