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(City/State/Zip/Phone #)

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2024 AUG 16 PM 4:59

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: RATCLIFF RECOVERY 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:

Andrew Mahtook

Name of Person

Miller, Sullivan & DeMarcay, LLC

Firm/Company

1100 Poydras St. Suite 1515

Address

New Orleans, LA 70163

City/State and Zip Code

mahtook@msdnola.com

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

For further information concerning this matter, please call:

Andrew Mahtook

504

708-1261

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. RATCLIFF RECOVERY SERVICES, 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 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 3900 Lee Street, Alexandria, LA 71302 6. 3900 Lee Street, Alexandria, LA 71302  
(Street Address of Principal Office) (Mailing Address)

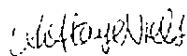
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.  
Office Address: 2894 REMINGTON GREEN LN., STE. A  
Tallahassee, Florida 32308  
(City) (Zip code)

2024 AUG 16 PM 4:59

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.



Samantha Niels, Assistant Secretary

(Registered agent's signature)

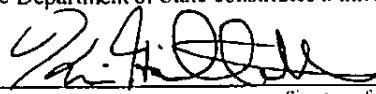
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Robert Ratcliff, Jr.	<input type="checkbox"/> Manager	Name: TNR Holdings, LLC
<input type="checkbox"/> Member	Address: 3900 Lee Street	<input checked="" type="checkbox"/> Member	Address: 3900 Lee Street
<input checked="" type="checkbox"/> Authorized	Alexandria, LA 71302	<input type="checkbox"/> Authorized	Alexandria, LA 71302
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Robert Ratcliff, Sr.	<input type="checkbox"/> Manager	Name: Kris Hickingbottom
<input checked="" type="checkbox"/> Member	Address: 3900 Lee Street	<input checked="" type="checkbox"/> Member	Address: 3900 Lee Street
<input type="checkbox"/> Authorized	Alexandria, LA 71302	<input checked="" type="checkbox"/> Authorized	Alexandria, LA 71302
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Jeff Robichaux	<input type="checkbox"/> Manager	Name: Andy Foster
<input checked="" type="checkbox"/> Member	Address: 3900 Lee Street	<input checked="" type="checkbox"/> Member	Address: 3900 Lee Street
<input type="checkbox"/> Authorized	Alexandria, LA 71302	<input type="checkbox"/> Authorized	Alexandria, LA 71302
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

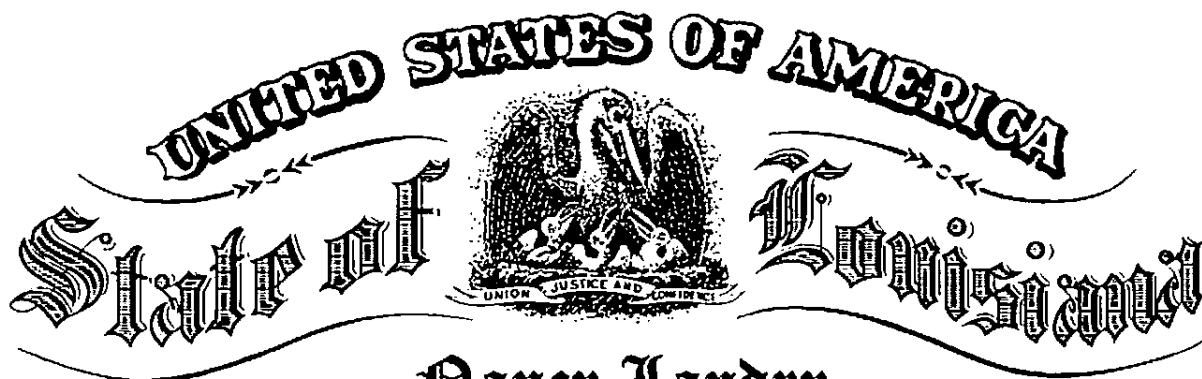
**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Kris Hickingbottom  
\_\_\_\_\_  
Typed or printed name of signer



**Nancy Landry**  
SECRETARY OF STATE

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

the Articles of Organization of

**RATCLIFF RECOVERY SERVICES, LLC**

Domiciled at ALEXANDRIA, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on April 15, 2020,

I further certify that no Certificate of Dissolution or Termination has been issued.

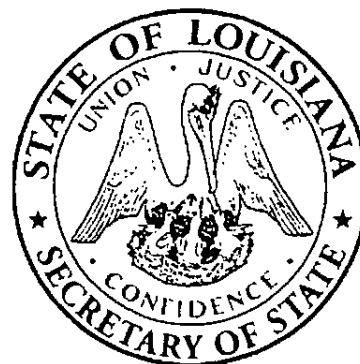
In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 8, 2024

*Nancy Landry*

*Secretary of State*

Web 43851884K



Certificate ID: 11918666#93P83

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)