

W24000011049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

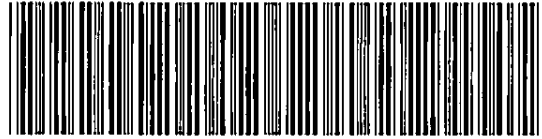
(Document Number)

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DIVISION OF CORPORATIONS
24 AUG 26 PM 4:05

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2024

LAUREN NAVARRE
442 FREMAUX AVENUE
SLIDELL, LA 70458 US

SUBJECT: WATERSCAPE BEACH PROPERTIES, LLC
Ref. Number: W24000104905

We have received your document for WATERSCAPE BEACH PROPERTIES, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 824A00015871

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Waterscape Beach Properties, 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:

Lauren Navarre, Esq.

Name of Person

Arena Law Firm, LLC

Firm/Company

442 Fremaux Avenue

Address

Slidell, Louisiana 70458

City/State and Zip Code

agent@arenacollective.com

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

For further information concerning this matter, please call:

Charles Cusimano

985

607-7630

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. Waterscape Beach Properties 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.
(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. 1616 Bradford Court
(Street Address of Principal Office)

Covington, LA 70433

6. 1616 Bradford Court
(Mailing Address)

Covington, LA 70433

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (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.



(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: Paul Koenig

☒ Member Address: 1616 Bradford Court

☐ Authorized Covington, LA 70433

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Cynthia Koenig

☒ Member Address: 1616 Bradford Court

☐ Authorized Covington, LA 70433

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

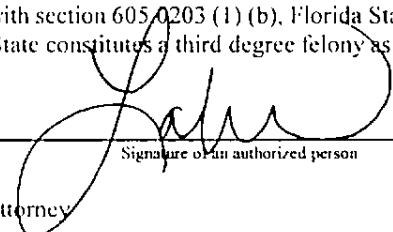
Person _____

☐ 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)

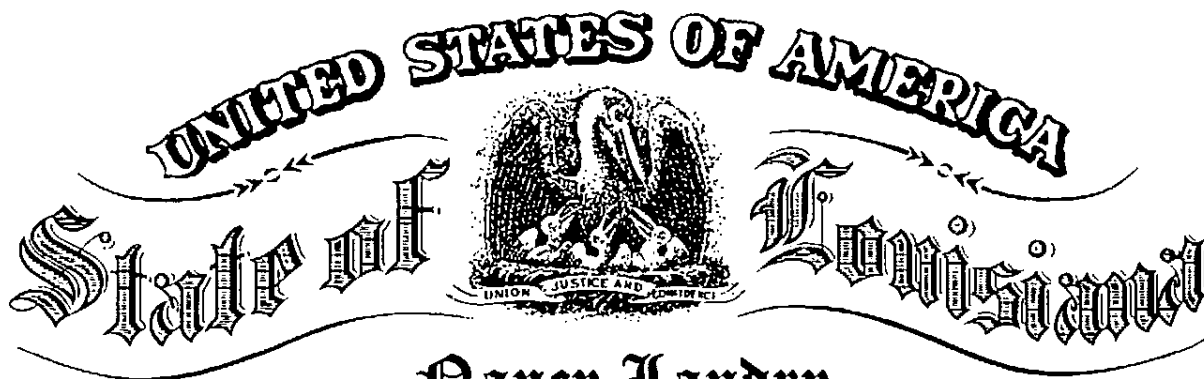
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Lauren Navarre - Attorney

Typed or printed name of signee



Nancy Landry
SECRETARY OF STATE

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

the Articles of Organization of

WATERSCAPE BEACH PROPERTIES, LLC

Domiciled at COVINGTON, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on July 15, 2024,

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 16, 2024

Nancy Landry

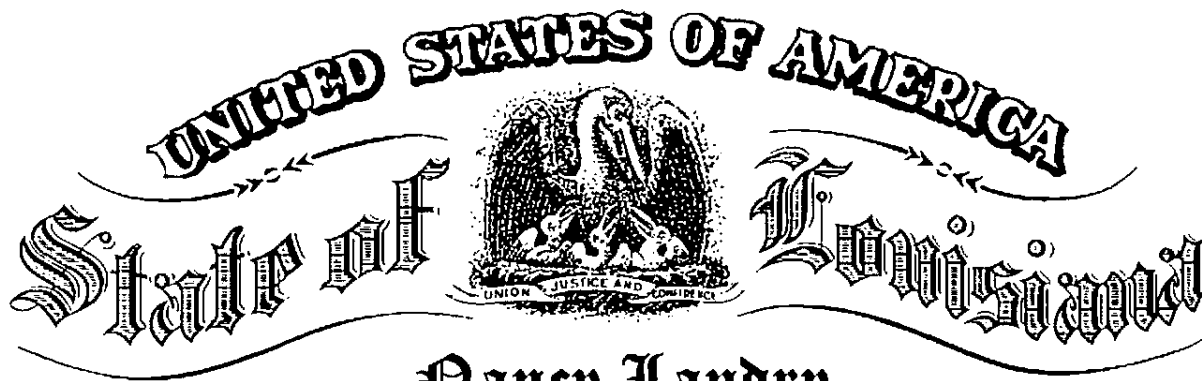
Secretary of State

Web 46026162K



Certificate ID: 11908603#42N83

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



Nancy Landry
SECRETARY OF STATE

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

a copy of the Articles of Organization and Initial Report of

WATERSCAPE BEACH PROPERTIES, LLC

Domiciled at COVINGTON, LOUISIANA,

Was filed and recorded in this Office on July 15, 2024,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

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 15, 2024

Nancy Landry

Secretary of State

WEB 46026162K



Certificate ID: 11908149#N83

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