

M24000013300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/26/24--01028--019 **60.00

2024 NOV 25 4:10:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Flats of Ransley, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Navarro

Name of Person

Pascal Title, LLC

Firm/Company

201 E. Morris Ave., Suite 201

Address

Hammond, LA 70403

City/State and Zip Code

snavarro@pascal-title.com

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

For further information concerning this matter, please call:

Shannon Navarro

Name of Person

at (225) 329-0123

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:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: The Flats of Ransley, LLC

Enter new principal office address, if applicable:

8 The Green, Suite B

Dover, DE 19901

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

210 E. Morris Ave., Suite 201

(Mailing address

MAY BE A POST OFFICE BOX)

Hammond, LA 70403

2. The Florida document number of this limited liability company is: ~~124000357996~~

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8-14-2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

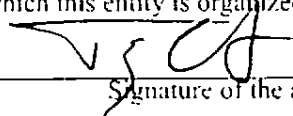
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative



Typed or printed name of signee

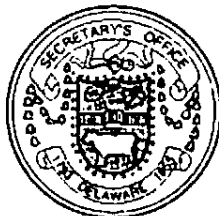
Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF CONVERSION OF A LOUISIANA LIMITED
LIABILITY COMPANY UNDER THE NAME OF "THE FLATS AT RANSLEY, LLC" TO
A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE
SEVENTH DAY OF NOVEMBER, A.D. 2024, AT 3:21 O`CLOCK P.M.


Jeffrey W. Bullock, Secretary of State

10001061 8100F
SR# 20244155787


Authentication: 204857856
Date: 11-13-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A
DELAWARE LIMITED LIABILITY COMPANY
PURSUANT TO SECTION 18-214 OF
THE DELAWARE LIMITED LIABILITY COMPANY ACT

1. The jurisdiction where the non-Delaware limited liability company was first formed is Louisiana and the date the non-Delaware limited liability company first formed is 08/14/2024.
2. The jurisdiction immediately prior to filing this Certificate is Louisiana.
3. The name of the non-Delaware limited liability company immediately prior to filing this Certificate is The Flats at Ransley, LLC.
4. The name of the limited liability company as set forth in the Certificate of Formation is The Flats at Ransley, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
7 day of November, A.D. 2024.

By: 
Authorized Person

Name: C. Britain Sledge, III
Print or Type


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "THE FLATS AT
RANSLEY, LLC" FILED IN THIS OFFICE ON THE SEVENTH DAY OF
NOVEMBER, A.D. 2024, AT 3:21 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

10001061 8100F
SR# 20244155787

Authentication: 204857856
Date: 11-13-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:21 PM 11/07/2024
FILED 03:21 PM 11/07/2024
SR 20244155787 - File Number 10001061

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is The Flats at Ransley, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 8 The Green, Suite B (street),
in the City of Dover, Zip Code 19901. The
name of the Registered Agent at such address upon whom process against this limited
liability company may be served is Northwest Registered Agent Service, Inc.

By: 

Authorized Person

Name: C. Britain Sledge, III

Print or Type