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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

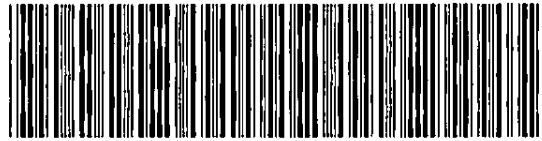
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2024 DEC 16 PM 4:30

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**CORPORATE  
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**WALK IN**

**PICK UP:** JENA 12/16

XX CERTIFIED COPY \_\_\_\_\_

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FOREIGN LLC

1. HEYSLT, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. HETSLT, 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. 45-5467564  
(FEI number, if applicable)

4. DECEMBER 9, 2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3324 SOUTHDOWN MANDALAY ROAD  
(Street Address of Principal Office)

6. 3324 SOUTHDOWN MANDALAY ROAD  
(Mailing Address)

HOUMA, LA. 70360  
HOUMA, LA. 70360

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

Name: Mary L Gay

Office Address: 633 Timberlane Road

Tallahassee, Florida 32312  
(City) (Zip code)

2024 DEC 17 AM 9:09

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.

Mary L. Gay  
(Registered agent's signature)

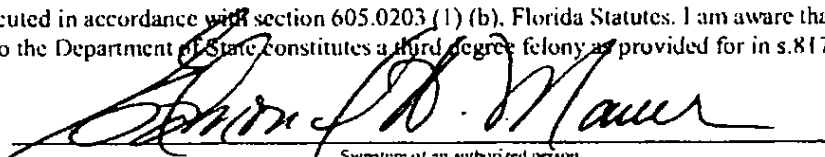
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: HEINKE E. TRAPP, JR.	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 3324 SOUTHDOWN MANDA	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	HOUMA, LA. 70360	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: EDMOND A. MAUER, CPA	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: 7821 S. CLAIBORNE AVE.	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	NEW ORLEANS, LA. 70125	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other CPA	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
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  
 Edmond A. MAUER CPA  
 \_\_\_\_\_  
 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*

**HETSLT, L.L.C.**

A limited liability company domiciled in HOUMA, LOUISIANA,

Filed charter and qualified to do business in this State on June 12, 2012,

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,

December 16, 2024

*Nancy Landry*

*Secretary of State*

Web 40860497K



Certificate ID: 11970912#NJ62

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)