Nancy Landry SECRETARY OF STATE

STATE OF LOUISIANA SECRETARY OF STATE



Commercial Division (225) 925-4704

<u>Fax Numbers</u> (225) 932-5314 Corporations (225) 932-5317 Legal Services (225) 932-5318 UCC

TRANSMITTAL INFORMATION For All Business Filings

Please indicate below	the level of service request	ed, payment and contact information	
Routine Expedi	te \$30 Priority Expedite processing 2-4 hour processing		
Check or Money Order En	closed		
Do not put credit card information	on this form. You may save payment in	nformation in your geauxBIZ profile under master accou	unt
Business Name (List <i>exactly</i> as it a	ppears in documents)		
Name of person filing document (ev	idence of filing will be mailed to this person, a	at address below)	
Address			
City	State	Zip Code	
Daytime phone number	Fax number	Email address	
NOTE: Louisiana Law requ bar roll number on		t or type their name and notary or	
_	Address: P. O. Box 94125, Bator Location: 8585 Archives Ave., B Web Site Address: www	Baton Rouge, LA * 70809	

SS984 Rev. 01/24

Nancy Landry Secretary of State



SS3143 Rev. 01/24

HOME SERVICE CONTRACT PROVIDER APPLICATION

R.S. 51:3143

Enclose filing fee \$600 Initial Registration \$250 Renewal Registration Make remittance payable to Secretary of State Do Not Send Cash Return to:

Commercial Division P.O. Box 94125 Baton Rouge, LA 70804-9125 (225) 925-4704 www.sos.la.gov

STATE OF		() Initial Registration
PARISH/COUNTY OF		() Renewal Registration
		() Amended Registration
	HOME SERVICE CONTRACT PROVIDER'S INFORMAT	FION.
	HOME SERVICE CONTRACT PROVIDER S INFORMAT	HON:
Applicant Name:		
	As registered with Louisiana Secretary of State	
ddress:		
	Principal Office in state of organization (Include City, State and Zip Code)	
Mailing Address:		
	(Include City, State and Zip Code)	
Telephone Number:	Alternate Telephone Number: (Include Area Code)	(Include Area Code)
	(include Area Code)	(Include Area Code)
	CONTACT PERSON'S INFORMATION:	
	COMMETTERSON STATORIAL TOWN	
Name:		
Address.		
Audi ess.	(Include City, State and Zip Code)	
Telephone Number:	Alternate Telephone Number:	
-	(Include Area Code)	(Include Area Code)
	DECICTEDED A CENTRO INFORMATION	
	REGISTERED AGENT'S INFORMATION:	
Jame•		
аше:		
Address:		
	(Include City, State and Zip Code)	

OFFICERS, DIRECTORS AND OWNERS

Provide the names and addresses of all officers, directors and owners of 10 percent or more of the business, as required by R.S. 51:3143B. Provide an addendum if additional space is needed.

1.	Name:	
	Address:	(Include City, State and Zip Code)
	Position:	Ownership Percentage:
2.	Name:	
		(Include City, State and Zip Code)
	Position:	Ownership Percentage:
3.	Name:	
	Address:	
		(Include City, State and Zip Code)
	Position:	Ownership Percentage:
4.	Name:	
	Address.	(Include City, State and Zip Code)
	Position:	Ownership Percentage:
5.	Name:	
		(Include City, State and Zip Code)
	Position:	Ownership Percentage:
6.	Name:	
	Address:	
		(Include City, State and Zip Code)
	Position:	Ownership Percentage:
7.	Name:	
		(Include City Ctate and Tim Code)
		(Include City, State and Zip Code)

Signature of Applicant or Authorized Representative:			
Printed Name of Applicant or Authorized Representative:			
On this day of 20 , before me, personally appeared ,			
On this day of 20, before me, personally appeared, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed it as his free act and deed.			
Notary Signature, Printed Name, and Notary/Bar Roll Number			
AGENT'S ACKNOWLEDGMENT AND ACCEPTANCE OF APPOINTMENT			
I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named entity.			
Registered agent(s) signature(s):			
Sworn to and subscribed before me, the undersigned Notary Public, on this date:			
Notary Signature, Printed Name, and Notary/Bar Roll Number			

SS3143 Rev. 01/24

INSTRUCTIONS

- 1. The initial registration form must be completely filled out and submitted to the Secretary of State's Office along with a copy of its organizational documents (Articles of Incorporation, Articles of Organization, Articles of Association, Partnership Agreement), a surety bond issued by a company licensed to do business in Louisiana in the amount of \$50,000 and the filing fee of \$600.
- 2. The provider must be registered with the Louisiana Secretary of State's Office and must be in good standing.
- 3. The registration is effective for two years. The renewal application must be submitted to the Secretary of State's Office, along with a surety bond issued by a company licensed to do business in Louisiana in the amount of \$50,000, 90 days prior to the expiration of the registration. The renewal registration fee is \$250.
- 4. Changes to the registration form can be made by filing an amended registration, accompanied by supporting documentation (amendments to the Articles of Incorporation, Articles of Organization, Articles of Association or Partnership Agreement), with the Secretary of State's Office within 60 days of the effective date of the change. If the amendment is not due to any changes to the organizational documents, a statement to the fact can be submitted. There is no fee to amend the registration.