#### 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**



#### MANAGED SERVICE/MANAGED SECURITY SERVICE PROVIDERS

R.S. 51:2113

Return to:

**Commercial Division** P.O. Box 94125

Baton Rouge, LA 70804-9125

) Managed Service Provider

) Managed Security Service Provider

ONFIDENCE STE	( ) Managed Security Service Provider	Phone: (225) 925-4704 Web Site: www.sos.la.gov		
		<b>3</b>		
STATE OF	(	) Initial Registration		
PARISH/COUNTY OF		) Renewal Registration		
	(	) Amended Registration		
	`	,		
	MANAGED SERVICE/MANAGED SECURITY PROVID	ER'S INFORMATION:		
Applicant Name:				
	As registered with Louisiana Secretary of S	tate		
Address:	Principal Office in state of organization			
	(Include City, State and Zip Code)			
Mailing Address:	(Include City, State and Zip Code)			
	(include City, state and Zip Code)			
Phone Number: ( )	Alternate Phone Num	ber: ( )		
	CONTACT PERSON'S INFORMATI	ON:		
Name:				
Address:				
	(Include City, State and Zip Code)			
Phone Number: ( )	Alternate Phone Num	ber: ( )		
	REGISTERED AGENT'S INFORMAT	TION:		
Name:				
Address:				
Address: (Include City, State and Zip Code)				
SS2113 Rev. 01/24				

## OFFICERS, DIRECTORS AND OWNERS

Provide the names and addresses of all officers, directors and owners of 10% or more of the business, as required by R.S. 51:2113(B). Provide an addendum if additional space is needed.

1.	Name:	
	Address:	(Include City, State and Zip Code)
	Position:	Ownership Percentage:
2.	Name:	
	Address:	
		(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:	
	Address:	
		(Include City, State and Zip Code)
	Position:	Ownership Percentage:
6.	Name:	
	Address:	(Include City, State and Zip Code)
	De dela con	
	Postuon:	Ownership Percentage:
7.	Name:	
	Address:	
		(Include City, State and Zip Code)
13 Ros	Position:	Ownership Percentage:

Signature of Applicant or Authorized Representative:				
Printed Name of Applicant or Authorized Representative:				
On this day of, 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.				
to he known to be the person described in that who executed the foregoing institution, and technowledged 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				
SS2113 Rev. 01/24				

#### **INSTRUCTIONS**

- "<u>Managed Service Provider</u>" means an individual, partnership, corporation, incorporated or unincorporated association, joint stock company, reciprocal, syndicated, or any similar entity or combination of entities that manages a public body's information technology infrastructure or end-user systems. The term shall not include any entity providing communications services subject to regulation or oversight by the Louisiana Public Service Commission or the Federal Communications Commission.
  - "Managed Security Service Provider" means an individual, partnership, corporation, incorporated or unincorporated association, joint stock company, reciprocal, syndicated, or any similar entity or combination of entities that provides a managed security service for a public body.
- 2. 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).
- 3. The provider must be registered with the Louisiana Secretary of State's office and must be in good standing.
- 4. The registration is effective for two years. The renewal application must be submitted to the Secretary of State's office at least ninety days prior to the expiration of the registration.
- 5. 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.