

STATE OF LOUISIANA  
SECRETARY OF STATE

R. Kyle Ardoin  
SECRETARY OF STATE



Commercial Division  
(225) 925-4704

Fax Numbers  
(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 requested, payment and contact information

Routine

Expedite \$30  
24 hour processing

Priority Expedite \$50  
2-4 hour processing

Check or Money Order Enclosed

\*Do not put credit card information on this form. You may save payment information in your geauxBIZ profile under master account.

Business Name (List **exactly** as it appears in documents)

Name of person filing document (evidence of filing will be mailed to this person, at address below)

Address

City

State

Zip Code

Daytime phone number

Fax number

Email address

**NOTE: Louisiana Law requires all Louisiana notaries to print or type their name and notary or bar roll number on the document.**

Mailing Address: P. O. Box 94125, Baton Rouge, LA \* 70804-9125  
Office Location: 8585 Archives Ave., Baton Rouge, LA \* 70809  
Web Site Address: [www.sos.la.gov](http://www.sos.la.gov)

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Secretary of State



# 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 \_\_\_\_\_

PARISH/COUNTY OF \_\_\_\_\_

Initial Registration

Renewal Registration

Amended Registration

## HOME SERVICE CONTRACT PROVIDER'S INFORMATION:

Applicant Name: \_\_\_\_\_  
*As registered with Louisiana Secretary of State*

Address: \_\_\_\_\_  
*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)*

## CONTACT PERSON'S INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Include City, State and Zip Code)*

Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_  
*(Include Area Code) (Include Area Code)*

## REGISTERED AGENT'S INFORMATION:

Name: \_\_\_\_\_

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: \_\_\_\_\_

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)

Position: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

7. Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Include City, State and Zip Code)

Position: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

Signature of Applicant or Authorized Representative: \_\_\_\_\_

Printed Name of Applicant or Authorized Representative: \_\_\_\_\_

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

## 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.