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

SS984 Rev. 06/18
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<th>STATE OF ___________________</th>
<th>(   ) Initial Registration</th>
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<tr>
<td>PARISH/COUNTY OF____________</td>
<td>(   ) Renewal Registration</td>
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**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)

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
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.