

F25000000 524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

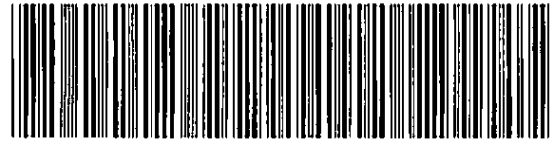
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FILED

11-05-24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Burk-Kleinpeter, Inc.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Deborah Vegh

\_\_\_\_\_  
Name of Person

Burk-Kleinpeter, Inc.

\_\_\_\_\_  
Firm/Company

2400 Veterans Memorial Blvd. Suite 310

\_\_\_\_\_  
Address

Kenner, LA 70062

\_\_\_\_\_  
City/State and Zip code

dvegh@bkusa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Vegh

at ( 504 ) 486-5901

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Burk-Kleinpeter, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. LA 3. 72-1175112  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/1/1910 5. perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2400 Veterans Memorial Blvd., Suite 310, Kenner, LA 70062  
(Principal office street address)
- 2400 Veterans Memorial Blvd., Suite 310, Kenner, LA 70062  
(Current mailing address, if different)

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

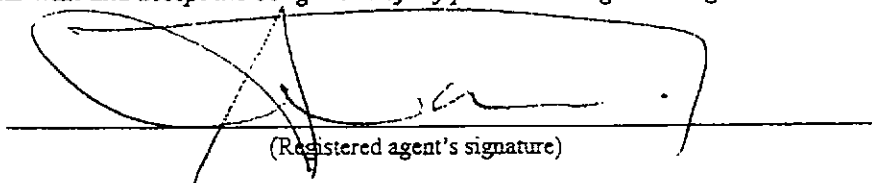
Name: Fares Tannous

Office Address: 12271 Sunchase Drive

Jacksonville, Florida 32246  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at  
designated in this application, I hereby accept the appointment as registered agent and agree to act in this  
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.*

  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to  
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction  
under the law of which it is incorporated.

2025 NOV -5 PM 5:33  
FILED  
place  
city.

**A. DIRECTOR'S**

☒ Chairman Name: Michael Chopin  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 2400 Veterans Memorial Blvd, Suite 310  
☒ President Kenner, LA 70062  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Bruce Badon  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 2400 Veterans Memorial Blvd, Suite 310  
☐ President Kenner LA 70062  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

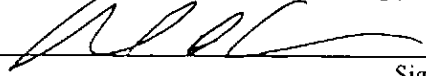
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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☐ President \_\_\_\_\_  
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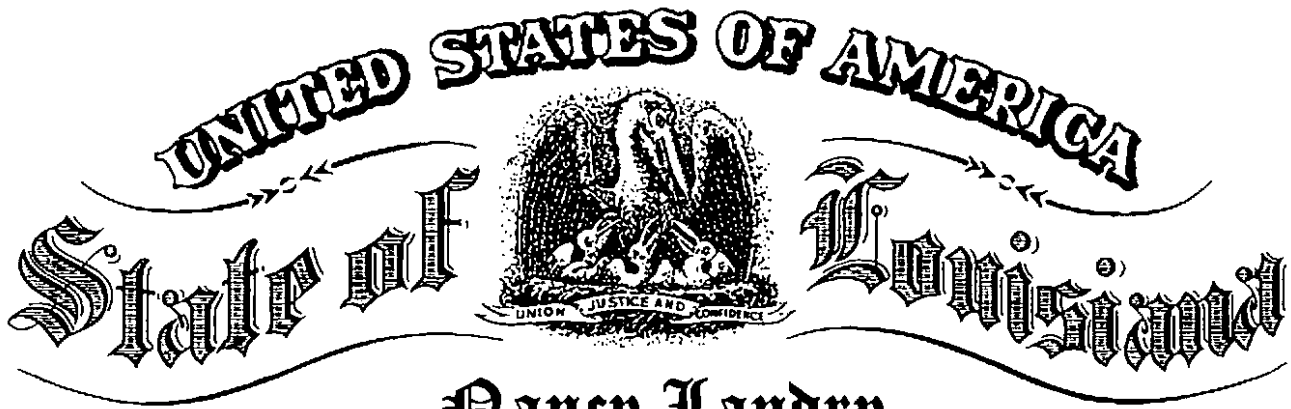
☐ Chairman Name: \_\_\_\_\_  
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12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Michael Chopin, President + CEO  
(Typed or printed name and capacity of person signing application)



**Nancy Landry**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

the Articles of Incorporation of

**BURK-KLEINPETER, INC.**

Domiciled at KENNER, LOUISIANA,

Was filed in this Office and a Certificate of Incorporation was issued on October 01, 1990.

I further certify that no Certificate of Dissolution or Termination has been issued.

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,

October 2, 2024

*Nancy Landry*

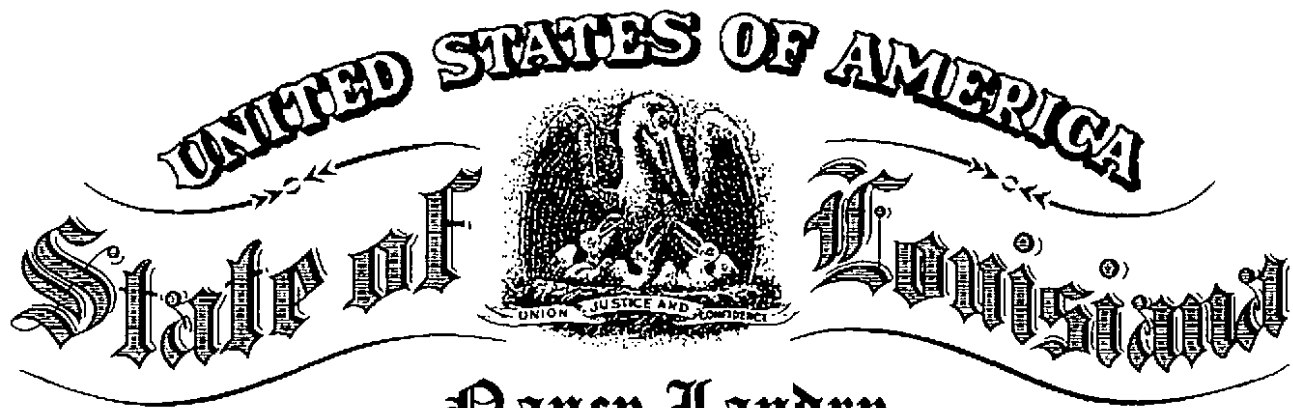
*Secretary of State*

Web 34364706D



Certificate ID: 11941082#YNJ62

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)**



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*As Secretary of State of the State of Louisiana, I do hereby Certify that*

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A corporation domiciled in KENNER, LOUISIANA,

Filed charter and qualified to do business in this State on October 01, 1990,

I further certify that the records of this Office indicate the corporation 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 corporation since this information is not available from the records of this Office.

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*Nancy Landry*

*Secretary of State*

Web 34364706D



Certificate ID: 11941083#8QK73

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Firm/Company

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Address

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City/State and Zip code

dvegh@bkusa.com

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Area Code

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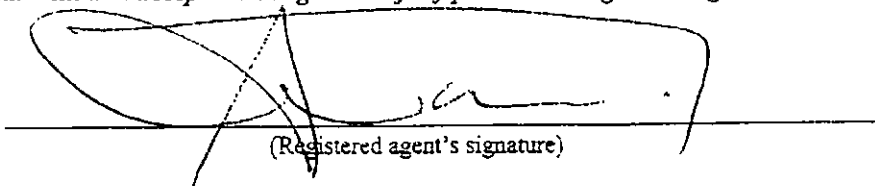
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FILED  
2025 NOV -5 PM 3:09  
STATE OF FLORIDA  
TALLAHASSEE  
TELETYPE UNIT



**A. DIRECTORS**

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☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 2400 Veterans Memorial Blvd, Suite 310  
☒ President Kenner, LA 70062  
☐ Vice President \_\_\_\_\_  
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☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
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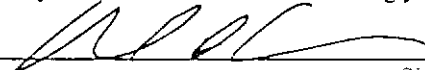
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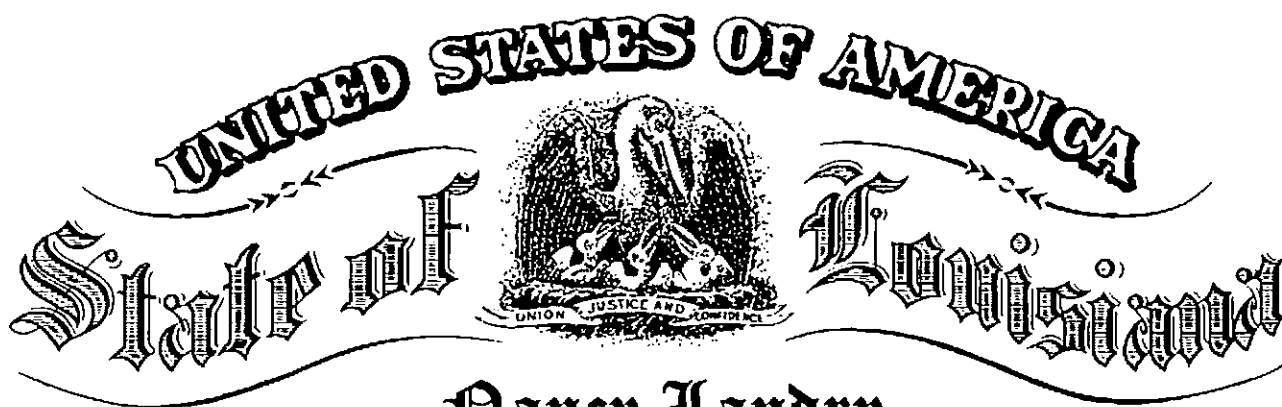
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(Typed or printed name and capacity of person signing application)



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*Secretary of State*

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*Secretary of State*

Web 34364706D



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