NA Department of State - Rusi		
	ness Services Division	R.I PRECEIVE
Application for Certificate of OREIGN Business Corporation	Authority	Hereby
→ Filing Fee: \$310.00 mlnimum		14 D R. 0.
ursuant to the provisions of <u>RIGL 7-1.2-14</u> pplies for a Certificate of Authority to trans or that purpose submits the following state	act business in the State of Rhode Island	hereby I, and
I. The name of the corporation is:		· ····································
Airport Bridge Company, Inc.		,
2. It is incorporated under the laws of:	Louisiana	
3. The name, if different, which it elects to	use in Rhode Island Is:	
(a) If the name of the corporation in its juri incorporated", or "limited," or an abbreviat	Ion thereof, then list the name of the cor	
above corporate endings for use in Rhode	Island:	
b) If the corporate name is not available in corporation will qualify and transact busine filed with this application:		
A The state of the term of the second s		
4. The date of its incorporation is: 1/2	7/1999	
And the period of its duration is: CHECK		
And the period of its duration is: CHECK (
And the period of its duration is: CHECK (Perpetual (on-going) Date certain for dissolution		
And the period of its duration is: CHECK (Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is:	ONE BOX ONLY	
And the period of its duration is: CHECK (Perpetual (on-going) Date certain for dissolution The address of its principal office is: 19094 Old Covington Hwy, Hammo	DNE BOX ONLY nd, LA 70403	
And the period of its duration is: CHECK (Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is: 19094 Old Covington Hwy, Hammo 6. The name and address of the Initial regination Agent Name Capitol Corporate Service	DNE BOX ONLY nd, LA 70403 stered agent/office in Rhode Island: ces, Inc.	
And the period of its duration is: CHECK (Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is: 19094 Old Covington Hwy, Hammo 6. The name and address of the Initial regination Agent Name Capitol Corporate Service	DNE BOX ONLY nd, LA 70403 stered agent/office in Rhode Island: ces, Inc.	
And the period of its duration is: CHECK of Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is: 19094 Old Covington Hwy, Hammo 6. The name and address of the Initial regi	DNE BOX ONLY nd, LA 70403 stered agent/office in Rhode Island: ces, Inc.	Zlp Code 02888
And the period of its duration is: CHECK (Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is: 19094 Old Covington Hwy, Hammo 6. The name and address of the Initial regi Agent Name Capitol Corporate Service Street Address (NOI a P.O. Box) 222 Jef	DNE BOX ONLY nd, LA 70403 stered agent/office in Rhode Island: ces, Inc. ferson Blvd Ste 200	
And the period of its duration is: CHECK (Perpetual (on-going) Date certain for dissolution 5. The address of its principal office is: 9094 Old Covington Hwy, Hammo 6. The name and address of the Initial regination 6. The name and address of the name and the name and the name and the name and the	DNE BOX ONLY nd, LA 70403 stered agent/office in Rhode Island: ces, Inc. ferson Blvd Ste 200	Zip Code 02888 12:02 FLED

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.rl.gov

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 (a) The names and re state or country of which 	•	ors (optional, unless dire	ectors are required under the laws of the	
NAME		ADDRESS		
			Check the box to indicate an attachment	
	spective addresses of its princi which it is incorporated):	pal officers (mandatory l	f directors are not required under the laws	
OFFICE	NAME	·	ADDRESS	
PRESIDENT	James Breland	492 Cedar La	ne, Ponchatoula, LA 70454	
VICE PRESIDENT				
TREASURER	Julie Breland	492 Cedar La	ne, Ponchatoula, LA 70454	
SECRETARY	Julie Breland	492 Cedar La	ne, Ponchatoula, LA 70454	
	↓	L	Check the box to indicate an attachment	
9. The aggregate number par value, and series, If		ty to issue; Itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
100			no par	
	<u> </u>			
		····	- <u> </u>	
located within this state		to the value of all prope	the property of the corporation to be rty of the corporation to be owned during et.)	
0%	· · ·			
at or from places of busi	ercentage, of the proportion of iness in Rhode Island during the ration during the following year.	a following year compare	siness to be transacted by the corporation ed to the gross amount thereof which will be ined from workshoot)	
			ALMA ALMA WORSCHELL	

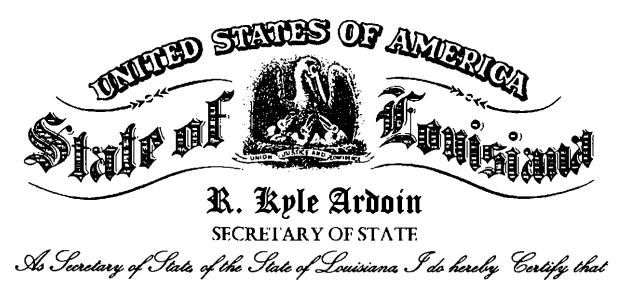
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12. This application must be accompanied by a <u>Certificate of</u> formation dated within 60 days of the date of this filing.	of Good Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: (CHECK ONE BOX ONLY
Date received (Upon filing)	
Later effective date (Date must be no more than 90 da	ys from the date of filing)
Under penalty of perjury, I declare and affirm that I have exaccompanying attachments, and that all statements contain	amined this Application for Certificate of Authority, including any ned herein are true and correct.
Type or Print Name of Authorized Officer	Date
James Breland	09/12/2022
Signature of Authorized Officer of the Corporation	

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.rl.gov.



AIRPORT BRIDGE COMPANY, INC.

A corporation domiciled in HAMMOND, LOUISIANA,

Filed charter and qualified to do business in this State on January 27, 1999,

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.

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,

September 12, 2022

R **1 Le Mor** Secretary of State

Web 347350770



Certificate ID: 11625248#XMJ62

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

State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 14, 2022 12:02 PM

Tulli U. Bole

Nellie M. Gorbea Secretary of State

