

MA20000017367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

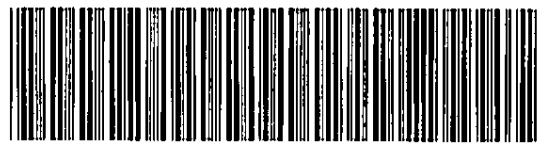
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/04/22--01015--008 **100.00

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ALBANY COUNTY

NOV 17 2022

WJW
129725

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINSHALL VAIL L.L.C.
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SUSAN WINSHALL
Name of Person

AUTHORIZED AGENT for Winshall Vail LLC
Firm/Company

411 S. OLD WOODWARD APT. 528
Address

BIRMINGHAM MI 48009
City/State and Zip Code

WINSHALL @ COMCAST.NET AND
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN WINSHALL at (248) 30705-6136 COM
Name of Contact Person Area Code Daytime Telephone Number
DWINSHALL @ CLEAR ROCK PROPERTIES.

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

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

Enclosed is a check for the following amount:

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

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2022

SUSAN WINSHALL
411 S OLD WOODWARD APT 828
BIRMINGHAM, MI 48009

SUBJECT: WINSHALL VAIL LLC
Ref. Number: W22000129725

We have received your document for WINSHALL VAIL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Tracy.Lemieux@dos.myflorida.com

Letter Number: 722A00023023

RECEIVED

NOV 14 2022

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. WINSHALL VAIL LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. MICHIGAN 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (EFT number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.001 & 605.0015, F.S. to determine penalty liability)

5. 411 S. OLD WOODWARD APT. 828
(Street Address of Principal Office) (Mailing Address)

BIRMINGHAM same
MI 48009

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

Name: Compass Realty
Office Address: 200 Front St. Bldg 4
Key West FL 33040
(City) (State) (Zip code)

FILED
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CLERK OF CIRCUIT COURT
FLORIDA

Registered agent's acceptance:

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

Megan Behmke
(Registered agent's signature)
MEGAN BEHMKE, OWNER

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--------------------------------------|--|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>DOUGLAS WINSHALL</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>42 NEUSTADT LANE</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | <u>CHAPPAQUA, NY 10514</u> | <input type="checkbox"/> Authorized Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | | | |
|--|--------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Manager | Name: <u>WENDI WINSHALL</u> | <input type="checkbox"/> Manager | Name: <u>DR. GAIL LEVINE</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>42 NEUSTADT LANE</u> | <input type="checkbox"/> Member | Address: <u>4 GREENOUGH PARK</u> |
| <input type="checkbox"/> Authorized Person | <u>CHAPPAQUA, NY 10514</u> | <input type="checkbox"/> Authorized Person | <u>JAMAICA PLAIN, MA</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <u>02130</u> |

| | | | |
|--|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>JAY WINSHALL</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: <u>178 BELLEVUE RD.</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | <u>WATER TOWN, MA</u> | <input type="checkbox"/> Authorized Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

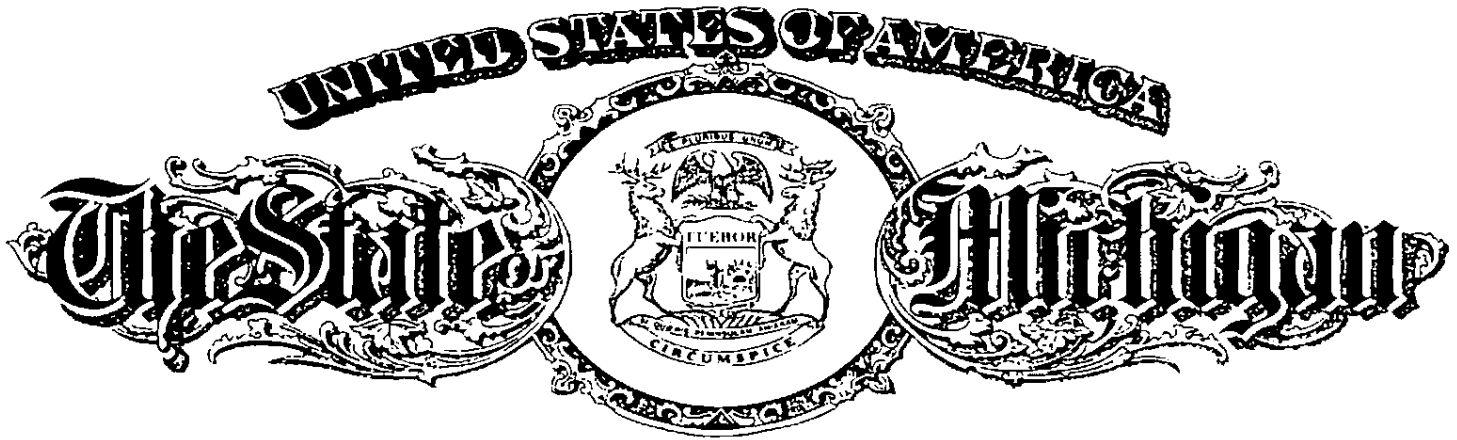
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 7.155, F.S.

Susan Winshall,
Signature of an authorized person

Authorized Agent
Typed or printed name of officer

SUSAN WINSHALL



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

WINSHALL VAIL, LLC

was validly authorized on May 24, 2001, as a Michigan
DOMESTIC LIMITED LIABILITY COMPANY
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 22110084408

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 3rd day of November, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau