

2022 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M1900006067

Entity Name: WINXNET, LLC

Current Principal Place of Business:

63 MARGINAL WAY, 4TH FLOOR
PORTLAND, ME 04101

Current Mailing Address:

63 MARGINAL WAY, 4TH FLOOR
PORTLAND, ME 04101 US

FEI Number: 01-0528399

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAITY TOON, ASST. SECT.

06/21/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name WILLIAMS, MICHAEL
Address 1191 GRANITE SPRINGS RD, LOT #71
City-State-Zip: CHEYENNE WY 82009

Title CEO
Name ACCARDI, MICHELLE
Address 5106 CIRCLED OAK DRIVE
City-State-Zip: SARASOTA FL 34233

Title VP, SECRETARY
Name GRAHAM, NANCY
Address 1453 THIRD STREET PROMENADE,
SUITE 305
City-State-Zip: SANTA MONICA CA 90401

Title VP, TREASURER
Name HAYNES, DANIEL
Address TERMINAL TOWER, 50 PUBLIC
SQUARE, 29TH FL
City-State-Zip: CLEVELAND OH 44113

Title VP
Name SCHLACHET, LOREN
Address 29 STAR ISLAND DRIVE
City-State-Zip: MIAMI BEACH FL 33139

Title CHIEF TECHNICAL OFFICER
Name KURTH, JEREMY
Address 63 MARGINAL WAY, 4TH FLOOR
City-State-Zip: PORTLAND ME 04101

Title CFO
Name NOONE, KARL
Address 63 MARGINAL WAY, 4TH FLOOR
City-State-Zip: PORTLAND ME 04101

Title CHAIRMAN
Name GUSTAFSON, JOHN
Address 700 WATERFRONT WAY, UNIT 218
City-State-Zip: VANCOUVER WA 98660

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID P. CAMPBELL

**CORPORATE
CONTROLLER**

06/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name TATARINOV, KIRILL
Address 1333 N ATLANTIC BLVD
City-State-Zip: FORT LAUDERDALE FL 33304

Title MANAGER
Name ACCARDI, MICHELLE
Address 5106 CIRCLED OAK DRIVE
City-State-Zip: SARASOTA FL 34233

Title MANAGER
Name WILLIAMS, MICHAEL
Address 1191 GRANITE SPRINGS RD, LOT #71
City-State-Zip: CHEYENNE WY 82009

Title MANAGER
Name SCHLACHET, LOREN
Address 29 STAR ISLAND DRIVE
City-State-Zip: MIAMI BEACH FL 33139

Title CORPORATE CONTROLLER
Name CAMPBELL, DAVID P.
Address 63 MARGINAL WAY, 4TH FLOOR
City-State-Zip: PORTLAND ME 04101

Title MANAGER
Name CONEY, MICHAEL
Address 994 MELVIN ROAD
City-State-Zip: ANNAPOLIS MD 21403

Title MANAGER
Name CLAUDIO, CHRIS
Address 130 CORRIDOR ROAD, SUITE 2347
City-State-Zip: PONTE VERDA BEACH FL 32082

Title MANAGER
Name GRAHAM, NANCY
Address 2720 CENTER AVENUE
City-State-Zip: FORT LAUDERDALE FL 33308

Title MANAGER
Name POWELL, KEN
Address 20 VILLAGE LANE
City-State-Zip: SPARTA NJ 07871