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(Address)

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15 NOV 24 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 13 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2015

CYNTHIA WEST
600 HAMPTON HALL LANE
CONROE, TX 77302

SUBJECT: WESTWIND INVESTMENTS, INC
Ref. Number: W15000077105

We have received your document for WESTWIND INVESTMENTS, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 815A00024930

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16 NOV 24 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Westwind Investments, 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:

Cynthia West

Name of Person

Westwind Investments, Inc.

Firm/Company

600 Hampton Hall Ln

Address

Conroe, TX 77302

City/State and Zip code

ccwest2@aol.com

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

For further information concerning this matter, please call:

Cynthia West

at (972) 979-5974

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$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. Westwind Investments, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Westwind Properties, Inc

- Westwind Florida, Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas

(State or country under the law of which it is incorporated)

3. 90-1040209

(FEI number, if applicable)

4. 12-31-2013

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. n/a

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 600 Hampton Hall Ln Conroe TX 77305

(Principal office address)

(Current mailing address, if different)

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

Name: Cynthia West

Office Address: 7853 Gun Hwy #256

Tampa

(City)

, Florida 33626

(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Cynthia West
(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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Cynthia West

Address: 7853 Gun Hwy #256

Tampa, FL 33626

Vice Chairman: _____

Address: _____

Director: Cynthia West

Address: 7853 Gun Hwy #256

Tampa, FL 33626

Director: _____

Address: _____

B. OFFICERS

President: Cynthia West

Address: 7853 Gun Hwy #256

Tampa, FL 33626

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Cynthia West

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. Cynthia West President

(Typed or printed name and capacity of person signing application)

FILED
15 NOV 24 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FL 32399

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Westwind Investments Inc.
Filing Number: 801905929

Certificate of Formation
Public Information Report (PIR)
Change of Registered Agent/Office
Public Information Report (PIR)

December 31, 2013
December 31, 2014
April 20, 2015
December 31, 2015

In testimony whereof, I have hereunto signed my name
officially and caused to be impressed hereon the Seal of
State at my office in Austin, Texas on November 16,
2015.

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STATE
TALLAHASSEE, FLORIDA



FILED
16 NOV 24 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Carlos H. Cascos
Secretary of State

Form 201

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: \$300

**Certificate of Formation
For-Profit Corporation**

Filed in the Office of the
Secretary of State of Texas
Filing #: 801905929 12/31/2013
Document #: 521955880002
Image Generated Electronically
for Web Filing

Article 1 - Entity Name and Type

The filing entity being formed is a for-profit corporation. The name of the entity is:

Westwind Investments Inc.

The name must contain the word "corporation," "company," "incorporated," "limited," or an abbreviation of one of these terms. The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.

Article 2 - Registered Agent and Registered Office

☐ A. The initial registered agent is an organization (cannot be corporation named above) by the name of:

OR

☒ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Cynthia West

C. The business address of the registered agent and the registered office address is:

Street Address:

636 S. Rivershire Drive Conroe TX 77304

Consent of Registered Agent

☒ A. A copy of the consent of registered agent is attached. **508012710 - INC.pdf**

OR

☐ B. The consent of the registered agent is maintained by the entity.

Article 3 - Directors

The number of directors constituting the initial board of directors and the names and addresses of the person or persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualified are set forth below:

Director 1: **Cynthia West**

Address: **636 S. Rivershire Drive Conroe TX, USA 77304**

Article 4 - Authorized Shares

The total number of shares the corporation is authorized to issue and the par value of each of such shares, or a statement that such shares are without par value, is set forth below.

| Number of Shares | Par Value (must choose and complete either A or B) | Class | Series |
|------------------|---|---------------|--------|
| 1,000 | <input checked="" type="checkbox"/> A. has a par value of \$1.00 <input type="checkbox"/> B. without par value. | Common | |

If the shares are to be divided into classes, you must set forth the designation of each class, the number of shares of each class, and the par value (or statement of no par value), of each class. If shares of a class are to be issued in series, you must provide the designation of each series. The preferences, limitations, and relative rights of each class or series must be stated in space provided for supplemental information.

Article 5 - Purpose

The purpose for which the corporation is organized is for the transaction of any and all lawful business for which corporations may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

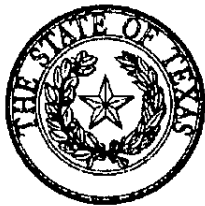
[The attached addendum, if any, is incorporated herein by reference.]

| |
|---|
| |
| Effectiveness of Filing |
| <input checked="" type="checkbox"/> A. This document becomes effective when the document is filed by the secretary of state. <div style="text-align: center; padding: 5px;">OR</div> <input type="checkbox"/> B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is: |
| Organizer |
| The name and address of the organizer is set forth below. Eileen Gallo 101 N. Brand Blvd., 10th Floor, Glendale, CA 91203 |
| Execution |
| The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument. |
| <u>Eileen Gallo</u> Signature of organizer |

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15 NOV 24 PM 2:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Form 401-A
(Revised 12/09)



**Acceptance of Appointment
and
Consent to Serve as Registered Agent
§5.201(b) Business Organizations Code**

The following form may be used when the person designated as registered agent in a registered agent filing is an individual.

Acceptance of Appointment and Consent to Serve as Registered Agent

I acknowledge, accept and consent to my designation or appointment as registered agent in Texas for **Westwind Investments Inc.**

Name of represented entity

I am a resident of the state and understand that it will be my responsibility to receive any process, notice, or demand that is served on me as the registered agent of the represented entity; to forward such to the represented entity; and to immediately notify the represented entity and submit a statement of resignation to the Secretary of State if I resign.

DocuSigned by:
Cynthia West

X: *CTA22896254F427...*
Signature of registered agent

Cynthia West

Printed name of registered agent

12/30/2013

Date (mm/dd/yyyy)

The following form may be used when the person designated as registered agent in a registered agent filing is an organization.

Acceptance of Appointment and Consent to Serve as Registered Agent

I am authorized to act on behalf of

Name of organization designated as registered agent

The organization is registered or otherwise authorized to do business in Texas. The organization acknowledges, accepts and consents to its appointment or designation as registered agent in Texas for:

Name of represented entity

The organization takes responsibility to receive any process, notice, or demand that is served on the organization as the registered agent of the represented entity; to forward such to the represented entity; and to immediately notify the represented entity and submit a statement of resignation to the Secretary of State if the organization resigns.

X: *Signature of person authorized to act on behalf of organization*

Printed name of authorized person

Date (mm/dd/yyyy)

Filing Number: 801905929


 05-102
 (Rev. 9-11/30)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

Tcode 13196 Franchise

Taxpayer number

3 2 0 5 2 7 9 4 0 9 9

Report year

2 0 1 4

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name

WESTWIND INVESTMENTS INC.

Mailing address

600 HAMPTON HALL LN

 Secretary of State (SOS) file number or
 Comptroller file number

City

CONROE

State

TX

ZIP Code

77302

Plus 4

0861905929

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

600 Hampton Hall Lane Conroe TX 77302

Principal place of business

600 Hampton Hall Lane Conroe TX 77302

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



SECTION A Name, title and mailing address of each officer, director or manager.

| | | | |
|---|---------------------------|--|--------------------------------|
| Name Cynthia West | Title President | Director <input checked="" type="radio"/> YES | Term expiration m m d d y y |
| Mailing address 600 Hampton Hall Ln | City Conroe | State Texas | ZIP Code 77302 |
| Name | Title | Director <input type="radio"/> YES | Term expiration m m d d y y |
| Mailing address | City | State | ZIP Code |
| Name | Title | Director <input type="radio"/> YES | Term expiration m m d d y y |
| Mailing address | City | State | ZIP Code |

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

| | | | |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

| | | | |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file. (see instructions if you need to make changes)

 Agent: **CYNTHIA WEST**

Blacken circle if you need forms to change the registered agent or registered office information.

 Office: **600 Hampton Hall Ln**

City

CONROE

State

TX

ZIP Code

77302

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here

cindy west

Title

Electronic

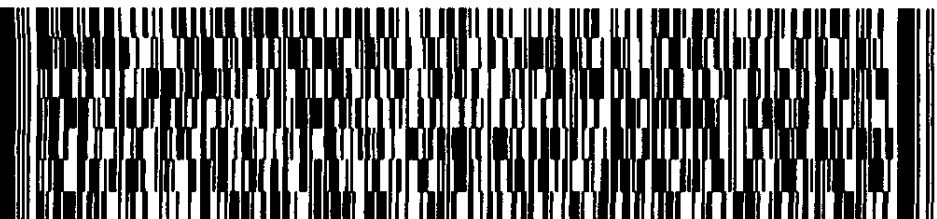
Date

08-25-2014

Area code and phone number

(972) 979 - 5974

Texas Comptroller Official Use Only



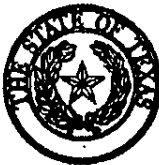
| | | | |
|-------|-----------------------|---------|-----------------------|
| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
|-------|-----------------------|---------|-----------------------|



Form 401**(Revised 05/11)**

Submit in duplicate to:
 Secretary of State
 P.O. Box 13697
 Austin, TX 78711-3697
 512 463-5555
 FAX: 512/463-5709
Filing Fee: See instructions

This space reserved for office use.



FILED
 In the Office of the
 Secretary of State of Texas

APR 20 2015

**Statement of Change of
 Registered Office/Agent**

Corporations Section**Entity Information**

1. The name of the entity is:

Westwind Investments Inc*State the name of the entity as currently shown in the records of the secretary of state.*2. The file number issued to the filing entity by the secretary of state is: 801905929

3. The name of the registered agent as currently shown on the records of the secretary of state is:

Cynthia West*Registered Agent Name*

The address of the registered office as currently shown on the records of the secretary of state is:

636 S. Rivershire DriveConroeTX77304*Street Address**City**State**Zip Code***Change to Registered Agent/Registered Office**

4. The certificate of formation or registration is modified to change the registered agent and/or office of the filing entity as follows:

Registered Agent Change

(Complete either A or B, but not both. Also complete C if the address has changed.)

☐ A. The new registered agent is an organization (cannot be entity named above) by the name of:

OR

☐ B. The new registered agent is an individual resident of the state whose name is:*First Name**M.I.**Last Name**Suffix***Registered Office Change**☒ C. The business address of the registered agent and the registered office address is changed to:600 Hampton Hall LaneConroeTX77302*Street Address (No P.O. Box)**City**State**Zip Code*

The street address of the registered office as stated in this instrument is the same as the registered agent's business address.

RECEIVED

APR 20 2015

Secretary of State

Statement of Approval

The change specified in this statement has been authorized by the entity in the manner required by the BOC or in the manner required by the law governing the filing entity, as applicable.

Effectiveness of Filing (Select either A, B, or C.)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: 04/15/2015



Signature of authorized person

Cynthia West

Printed or typed name of authorized person (see instructions)

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16 NOV 24 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Number: 801905929



05-102
(Rev. 9-11/30)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

3 2 0 5 2 7 9 4 0 9 9

2 0 1 5

Taxpayer name **WESTWIND INVESTMENTS INC.**

Mailing address **600 HAMPTON HALL LN**

City **CONROE**

State **TX**

ZIP Code **77302**

Plus 4

Secretary of State (SOS) file number or Comptroller file number

0801905929

○ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.

SECTION A Name, title and mailing address of each officer, director or manager.

| | | | |
|---|---------------------------|--|---|
| Name CYNTHIA WEST | Title DIRECTOR | Director <input checked="" type="radio"/> YES | Term expiration m m d d y y 11 11 PM 11 11 |
| Mailing address 600 HAMPTON HALL LN | City CONROE | State TX | ZIP Code 77302 |
| Name CYNTHIA WEST | Title PRESIDENT | Director <input checked="" type="radio"/> YES | Term expiration m m d d y y 11 11 PM 11 11 |
| Mailing address 600 HAMPTON HALL LN | City CONROE | State TX | ZIP Code 77302 |
| Name | Title | Director <input type="radio"/> YES | Term expiration m m d d y y |
| Mailing address | City | State | ZIP Code |

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

| | | | |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

| | | | |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **CYNTHIA WEST**

○ Blacken circle if you need forms to change the registered agent or registered office information.

Office: **600 hampton hall ln**

City **CONROE**

State **TX**

ZIP Code **77302**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here **Cynthia West**

Title **Electronic**

Date **04-15-2015**

Area code and phone number **(972) 979 - 5974**

Texas Comptroller Official Use Only

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