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June 6, 2017

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

Re: Shear Winds, Inc., an Ohio corporation

Dear Sir/Madam:

Enclosed you will find Application by Foreign Corporation or Authorization to Transact Business in Florida along with an attached Certificate of Good Standing. I have also enclosed a check in the amount of \$78.75 to cover your fees.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Kathy Zampella  
Legal Assistant

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/klz  
Enclosures

**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.*

Shear Winds, Inc.

1. \_\_\_\_\_  
(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)  
Ohio 31-1493582

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
December 10, 1996

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(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)  
16420 Daysailor Trail, Lakewood Ranch, FL 34202

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

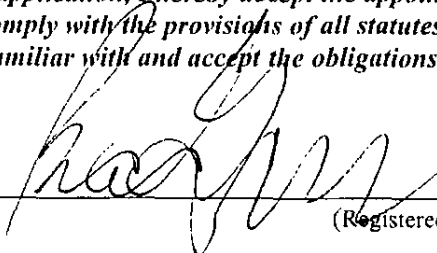
Name: Bradley W. Hogreve  
240 South Pineapple Avenue, Sixth Floor

Office Address: Sarasota 34236  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

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**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.*

  
\_\_\_\_\_  
(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Thomas E. Grimme

• Director: \_\_\_\_\_

16420 Daysailor Trail

Address: \_\_\_\_\_

Lakewood Ranch, FL 34202

Kimberly J. Grimme

• Director: \_\_\_\_\_

16420 Daysailor Trail

Address: \_\_\_\_\_

Lakewood Ranch, FL 34202

**B. OFFICERS**

Thomas E. Grimme

• President: \_\_\_\_\_

16420 Daysailor Trail

Address: \_\_\_\_\_

Lakewood Ranch, FL 34202

Kimberly J. Grimme

• Vice President: \_\_\_\_\_

16420 Daysailor Trail

Address: \_\_\_\_\_

Lakewood Ranch, FL 34202

Kimberly J. Grimme

• Secretary: \_\_\_\_\_

16420 Daysailor Trail, Lakewood Ranch, FL 34202

Address: \_\_\_\_\_

Kimberly J. Grimme

Treasurer: \_\_\_\_\_

16420 Daysailor Trail, Lakewood Ranch, FL 34202

Address: \_\_\_\_\_

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

12. Thomas E. Grimme

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.

Thomas E. Grimme, President

13. \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SHEAR WINDS, INC., an Ohio corporation, Charter No. 960992, having its principal location in Loveland, County of Clermont, was incorporated on December 10, 1996 and is currently in GOOD STANDING upon the records of this office.*



Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 19th day of April, A.D. 2017

*Jon Husted*

Ohio Secretary of State

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TALLAHASSEE, FLORIDA

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