(Requestor's Name)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	\rceil
() ()	
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Office Use Only

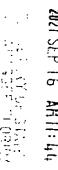


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SEP 17 2021 M. SOLOMON

COVER LETTER

TO:		egistration Section ivision of Corporations					
SUBJI	ECT:	Southwind Adventures, Inc.					
0000		Name of	corporation	- must include suffix			
Dear Si	ir or M	adam:					
"Certifi	icate of		Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.			
Please i	return a	all correspondence concerning	this matter	to the following:			
Luis Fe	lipa	,					
			Name of	Person			
Southw	ind Adv	entures, Inc.					
	-		Firm/Con	pany			
PO Box	20755						
	-		Addre	ess			
Bradent	ton, FL	34204					
			City/State a	nd Zip code			
Luis@s	outhwii	ndadventures.com					
-		E-mail address: (to be used f	or future annual report notification)			
For furt	ther inf	ormation concerning this mat	ter, please c	all:			
Luis Felipa		at	(303	972-0701 X 3			
	Name	e of Person	Area Cod	e Daytime Telephone Number			
	Regist Divisi The C 2415	ET/COURIER ADDRESS: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	nake ch	check for the following amounted payable to: FLORIDA DEPing Fee	ARTMENT	OF STATE 3 \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

	thwind Adventures Fa	adopted for the purpose of transacting business in Florida	a)
		850382600	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
Jan 09, 1992	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
			<u>_</u> _
	(Date first transacted business in (SEE SECTIONS 607-1501 & 607-1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
6938 Stetson Stre	et Cir. Sarasota, FL 34243	social in a determine penalty manney	
		ice street address)	_
PO Box 20755 Bi	radenton, FL 34204		
	(Current mailir	ng address, if different)	
Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)	. • • • •
Name:	Luis Felipa		
ffice Address:	6938 Stetson Street Cir.		하고 - 하 :
mce Audress.	Sarasota		
	(City)	Florida 34243 (Zip code)	4
	(City)	(Zip code)	

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.

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SEP 1 6 2021

A. DIRECTORS			
□Chairman	Name:	Chairman	Name: Luis Felipa
□Vice Chairman	Address: 1414 S. York St.	_ □Vice Chuirman	Address:
□Director	Denver, CO 80210	Director	Sarasota, FL 34243
■ President		□President	
□Vice President	 	■ Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	□Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	_ □Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		_ □Vice President	<u></u>
☐ Secretary	☐Treasurer	☐ Secretary	92 1
□Other	□Other	Other	Other Other
			\$20 6
□Chairman	Name:	_ Chairman	**
□Vice Chairman	Address:	_ □Vice Chairman	Address:
□Director		_ □ Director	
□President		□President	
□Vice President		□Vice President	
∃Secretary	☐Treasurer	☐ Secretary	□Treasurer
∃Other	Other	□Other	Other
ndividuals may be	. Y	The attachment will be image benartment of State Annual Reference	d for reporting purposes only. Non-indexed eport form.

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. Luis Felipa, Owner & Vice-President

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

SOUTHWIND ADVENTURES, INC.

is a

Corporation

formed or registered on 01/09/1992 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19921002255.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/26/2021 that have been posted, and by documents delivered to this office electronically through 08/30/2021 @ 08:53:28.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/30/2021 @ 08:53:28 in accordance with applicable law. This certificate is assigned Confirmation Number 13404679 .



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



September 9, 2021

LUIS FELIPA SOUTHWIND ADVENTURES, INC. PO BOX 20755 BRADENTON, FL 34204

SUBJECT: SOUTHWIND ADVENTURES, INC.

Ref. Number: W21000122153

We have received your document for SOUTHWIND ADVENTURES, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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

Letter Number: 021A00021691

Mel Solomon Senior Section Administrator

www.sunbiz.org

Division of Comments of D.O. DOV (2007, Mallaharra, Florida 2021