

F99000005769
TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: WINDFALL VENTURES, LTD
(Name of corporation - must include suffix)

8000003024078-4
-10/25/99-01106-009
*****78.75 *****78.75

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", 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:

FREDERICK JANSEN
(Name of Person)
WINDFALL VENTURES, LTD
(Firm/Company)
283V NE 17TH AVE
(Address)
WILTON MANORS FLORIDA 32334
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

FREDERICK JANSEN at (954) 561-2753
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

1.10.11

FILED
NOV -8 PM 3:30
TALLAHASSEE, FLORIDA

SL



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 2, 1999

FREDERICK JANSEN
WINDFALL VENTURES, LTD
2832 NE 17TH AVE
WILTON MANORS, FL 33334

SUBJECT: WINDFALL VENTURES, LTD
Ref. Number: W99000025268

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for WINDFALL VENTURES, LTD and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence, 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) 487-6043.

Shawn Logan

WINDFALL VENTURES, LTD

On Wednesday, November 3rd, 1999 a meeting was held at 10:30 A.M.

The President and Treasurer were present. It was decided that an alternate name of

“Windfall Ventures of Nevis, Inc.” shall be used in the State of Florida.



Frederick Jansen,
President and Secretary

FILED

99 NOV -8 PM 3:30

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

**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. WINDFALL VENTURES, LTD
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEVIS, WEST INDIES 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-12-99 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NONE - YET
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. C/O FREDERICK JANSEN
2832 NE 17TH AVE WILTON MANORS, FL 33334
(Current mailing address)

8. MARKETING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

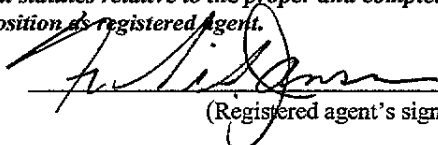
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: FREDERICK JANSEN

Office Address: 2832 NE 17TH AVE
WILTON MANORS, Florida, 33334
(Zip code)

10. 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)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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99 NOV -8 PM 3:30
TALLAHASSEE, FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

NONE

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: FREDRICK JANSEN

Address: 2832 NE 17TH AVE

WILTON MANORS, FL 33334

Vice President: NONE

Address: _____

Secretary: NONE

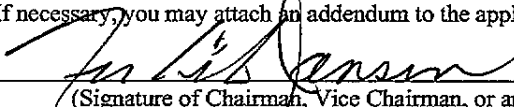
Address: _____

Treasurer: FREDRICK JANSEN

Address: 2832 NE 17TH AVE

WILTON MANORS, FL 33334

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. FREDRICK JANSEN, PRESIDENT

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

FILED
99 NOV -8 PM 3:20
CLERK OF DISTRICT COURT
MIAMI FLORIDA

ISLAND OF NEVIS
OFFICE OF THE REGISTRAR OF COMPANIES

CERTIFICATE OF INCORPORATION

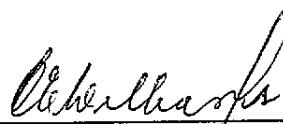
I HEREBY CERTIFY that

WINDFALL VENTURES, LTD

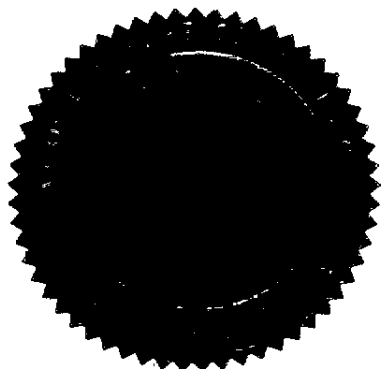
is duly incorporated and has filed articles of incorporation under the provisions of
the Nevis Business Corporation Ordinance 1984, as amended, on

October 12, 1999

Given under my Hand & Seal at Charlestown
this *12th* day of *October* 19 *99*



Registrar of Companies



No.