# \*11/4000002925

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
<i>(</i>	(4.000)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(= ::	<b>-,</b>	
(Do	cument Number)	•
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000259616160

04/30/14--01001--018 \*\*155.00

1914 WR 29 FH 3:51

FILED
2014 APR 29 AM 9: 34

K.SALY EXAMINER APR 3 0 2014

## CT Corporation System

April 29, 2014

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9128992 SO

Customer Reference 1: None Given

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

WATER & WIND LLC (DE) Registration Florida

WATER & WIND LLC (DE) Cert Copy of Application for Authority-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolferskluwer.com

#### COVER LETTER

JECT: _	Vater & Wind LLC		5. 117.105. 6		<del>-</del> -
		Name of Lim	ited Liability Company		
			mpany for Authorization to erenced foreign limited liabi		
	l correspondence concernin		-		
	harold s. poster				
			Name of Person		•
	gilmartin poster & shafto				
			Firm/Company	-	
	845 Third Avenue				
			Address .		
	New York, New York 10		10:01		
		_	State and Zip Code		
	E-mail		sic@aol.com ed for future annual report noti	ication)	-
ther infor	mation concerning this mat	ter, please call:			•
harold	s, poster		ot / 212 \ 425 3	220 <sup>°</sup>	
	Name of Contact F	erson	al (	Paytime Telephone Number	-
Division	NG ADDRESS; n of Corporations ation Section	Divisio Registr	ET ADDRESS: on of Corporations ration Section Building		
	see, FL 32314	2661 E	executive Center Circle essec, FL 32301		
sed is a c	check for the following	amount:			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Water &	& Wind LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	LLC.")
(If name una Liability Con	available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name mpany," "L.L.C." or "LLC.")	e must include "Limited
2. delaware	g	
(Jurisdiction	ion under the law of which foreign limited liability (FEI number, if applicable is organized)	e) .
4. <u>n/a</u>		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	دے
5. c/o Grar	ndMaster Music, 234 Cabot Street, Beverly, Massachusetts 01915	
		Z R
<del></del>	(Street Address of Principal Office)	SS In
6. c/o Grand	dMaster Music, 234 Cabot Street, Beverly, Massachusetts 01915	Mo 3
		F1 9:
	(Mailing Address)	<u> </u>
7. The na	ame, title or capacity and address of the person(s) who has/have authority to man	age is/are:
mark ross, m	nanager	
·		
·		
naving cust	d is an original certificate of existence, no more than 90 days old, duly authentical tody of records in the jurisdiction under the law of which it is organized. (A photon. If the certificate is in a foreign language, a translation of the certificate under oal bmitted)	tocopy is not
	Signature of an authorized person	
n accordance wi n aware that any	signature of all authorized person with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that by false information submitted in a document to the Department of State constitutes a third degree felony as provided for	the facts stated herein are true. 1 in s.817.155, F.S.)
	harold s. poster	
•	Typed or printed name of signee	

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

e of the Limited Liabili	ty Company is.		7 8
ILLC			SEC.
e, the alternate to be us	ed in the state of Florida is:		2014 APR 29 AF
and the Florida street	address of the registered agent	and office are:	STATES
C T Corporation Syste	em		
	(Name)		
1200 South Pine Island	d Road		
Florida :	Street Address (P.O. Box NOT ACCE	PTABLE)	
Plantation	FL 33324		
	City/State/Zip		
oany at the place design ent and agree to act in t ing to the proper and co	ated in this certificate, I hereby this capacity. I further agree to amplete performance of my dut	y accept the appointment of accept the appointment of a comply with the provision ies, and I am familiar with	as ons of all n and
	e, the alternate to be use and the Florida street  CT Corporation Syste  1200 South Pine Island Florida  Plantation  Plantation  named as registered agony at the place designed and agree to act in large to the proper and colored to the proper and color	e, the alternate to be used in the state of Florida is:  and the Florida street address of the registered agent  CT Corporation System  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCE  Plantation  FL 33324  City/State/Zip  named as registered agent and to accept service of propany at the place designated in this certificate, I hereby ent and agree to act in this capacity. I further agree to age to the proper and complete performance of my duti	e, the alternate to be used in the state of Florida is:  and the Florida street address of the registered agent and office are:  CT Corporation System  (Name)  1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Plantation  FL 33324  City/State/Zip  ramed as registered agent and to accept service of process for the above stated any at the place designated in this certificate, I hereby accept the appointment cent and agree to act in this capacity. I further agree to comply with the provision to the proper and complete performance of my duties, and I am familiar with ligations of my position as registered agent as provided for in Chapter 605, Florida Street Address (P.O. Box NOT ACCEPTABLE)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 30.00

## Delaware

DACE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WATER & WIND LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTY-NINTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5516924 8300

140533739

Jeffrey W. Bullock, Secretary of Sta

AUTHENTX CATION: 1328864

DATE: 04-29-14

You may verify this certificate online at corp.delaware.gov/authver.shtml