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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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	gistration Section vision of Corporations	,	
SUBJECT:	:	CINWINS, LLC	
		Name of Limited Liability Company	
		Liability Company for Authorization to Transact Business in Flore above referenced foreign limited liability company to transact	
Please retur	n all correspondence concerning this	matter to the following:	
	CY	NTHIA MCNABB	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Person	
		Firm/Company	
		· ····································	
	160	AZALEA DRIVE	
		Address	
	DES	TIN, FLORIDA 32541	φ ⊵
		City/State and Zip Code	
	čmo	nahh@atlantagoldleaf.com ess: (to be used for future annual report notification)	
		·	Tassa Yassa 16
For further i	nformation concerning this matter, p	lease call:	
	CYNTHIA MCNABB Name of Contact Person	at ()	- 105 - 105
	ALLING ADDRESS: vision of Corporations	STREET ADDRESS: Division of Corporations	
	gistration Section	Registration Section	
	D. Box 6327 Ilahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed i	s a check for the following am	ount:	
	\$125.00 Filing Fee 💢 \$130.00 Fi		

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. CINWINS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	LLC.*)
	,
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name inability Company," "L.L.C," or "L.L.C.")	ne must include "Limited
GEORGIA 3.	
GEORGIA (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicab	le)
MAY 1, 2014	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
160 AZALEA DRIVE	
DESTIN, FLORIDA 32541	
(Street Address of Principal Office)	
P.O. BOX 7043	2 2
DESTIN, FLORIDA 32540	
(Mailing Address)	- ES - E
7. The name, title or capacity and address of the person(s) who has/have authority to man	nage is/are:
CYNTHIA MCNABB MANAGING MEMBER	
	92 <u>;</u>
	<u></u>
. Attached is an original certificate of existence, no more than 90 days old, duly authentic	
aving custody of records in the jurisdiction under the law of which it is organized. (A phospeptable. If the certificate is in a foreign language, a translation of the certificate under o	
sust be submitted)	ath of the translator
1 , -0. mc/200	
- Julia 11 1 fth	•
Signature of an authorized person accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that	nt the facts stated berein are to:
a ware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided f	
Cynthia Mylabb	

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.

	the Limited Liability Company is: CINWINS, LLC	
If unavailable, tl	e alternate to be used in the state of Florida is:	
2. The name and	the Florida street address of the registered agent and office are:	
	CYNTHIA MCNABB (Name)	2814 KAY 16 SCURE DAR SALLAHASS
	160 AZALEA DRIVE Florida Street Address (P.O. Box NOT ACCEPTABLE)	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED : August 31, 2001

:0139891 : Georgia

JURISDICTION PRINT DATE

: May 12, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CINWINS, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

B: Ph Brian P. Kemp

Secretary of State

Tracking #: KKa8eyNd