(Re	equestor's Name)			
(Address)				
(Ac	ldress)	 		
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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04/28/15--01017--006 **125.00

COVER LETTER

	ation Section n of Corporations
SUBJECT:	RISM WIND LLC
	Name of Limited Liability Company
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all	correspondence concerning this matter to the following:
	JOHANNA WIKSTROM
	Name of Person
	Firm/Company
	7711 SUGAR BEND DRIVE
	Address
	ORLANDO, FL 32819
	City/State and Zip Code
	JOHANNA@APILOA.COM
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
JOI	HANNA WIKSTROM _{at 407} 267-2480
	Name of Contact Person Area Code Daytime Telephone Number
Division Registra P.O. Bo	NG ADDRESS: of Corporations ition Section ox 6327 Seee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	check for the following amount: .00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \Bigcup \$155.00 Filing Fee & \Bigcup \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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. PRISM WIND LLC	I DOSINESS IN THE STATE OF FLORIDA.
	clude "Limited Liability Company." "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of Liability Company," "L.L.C," or "LLC.")	transacting business in Florida. The alternate name must include "Limited
2. NEVADA	_{3.} 47-1789957
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. N/A	
(Date first transacted business i	n Florida, if prior to registration.) 5, F.S. to determine penalty liability)
_{5.} 2451 S BUFFALO DR STE 100	
LAS VEGAS, NV 89117-2749	
(Street Addre 6. 7711 SUGAR BEND DRIVE	ess of Principal Office)
ORLANDO, FL 32819	
(Mai	ling Address)
7. The name, title or capacity and address of the per	rson(s) who has/have authority to manage is/are:
JAN IPPEN, MANAGER, 7711 Su	gar Bend Dr. Orlando, FL 32819
Johanna Wikstrom, Manager, 7711	Sugar Bend Dr. Orlando, FL 32819
having custody of records in the jurisdiction under the	a translation of the certificate under oath of the translator
Signature of	an authorized person nstitutes an affirmation under the penalties of perjury that the facts stated herein are true
Johanna Wikstrom	्रिली ध

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.

	of the Limited Liabilit	ty Company is:	. 40
If unavailable,	the alternate to be us	ed in the state of Florida is:	
2. The name a	and the Florida street	address of the registered agent and office are:	
	JOHANNA	WIKSTROM	
		(Name)	_
	7711 SUG	AR BEND DRIVE	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			~
	ORLANDO	FL 32819	_
		City/State/Zip	

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)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, PRISM WIND LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 28, 2014, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 31, 2015.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150331-3487
You may verify this electronic certificate
online at http://www.nvsos.gov/