

11/28/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
Worldwind Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

FALLAHASSEE

2017 NOV 28 AM 8:14

SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

2017 NOV 28 AM 11:07

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Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Worldwind Services, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check 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:

Kimberly Johnson

\_\_\_\_\_  
Name of Person

MaxGen Energy Services Corporation

\_\_\_\_\_  
Firm/Company

1690 Scenic Ave

\_\_\_\_\_  
Address

Costa Mesa, CA - 92626-1410

\_\_\_\_\_  
City/State and Zip Code

KJohnson@maxgenservices.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Johnson

714

908-5266

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$150.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Worldwind Services, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If name is unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. California

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-0238993

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration;  
(See section 605.002(4) A, 605.002(5), F.S., to determine penalty liability.)

5. \_\_\_\_\_

(Street Address of Principal Office)

915 Tehachapi Willow Springs Road

Tehachapi, California 93561

6. \_\_\_\_\_

(Mailing Address)

915 Tehachapi Willow Springs Road

Tehachapi, California 93561

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

## Registered agent's acceptance:

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 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.

By: Agnes Broszczak, Asst Secretary  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
--------------------	-------------------	--------------------	-------------------

See attached

See attached

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

[Signature]  
Signature of authorized person

Ilan Tordjman

(Type or printed name of signer)

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2017 NOV 28 AM 11:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**WorldWind Services, LLC**

915 Tehachapi Willow Springs Road, Tehachapi, California 93561

Officers & Directors

Board of Directors:

Director Peter Jonna  
915 Tehachapi Willow Springs Road  
Tehachapi, California 93561

Director Mark McLanahan  
915 Tehachapi Willow Springs Road  
Tehachapi, California 93561

Officers:

President Suzannah N. Cummings  
915 Tehachapi Willow Springs Road  
Tehachapi, California 93561

Chief Financial Officer Ilan Tordjaman  
915 Tehachapi Willow Springs Road  
Tehachapi, California 93561

Chief Executive Officer Edward J. Cummings  
915 Tehachapi Willow Springs Road  
Tehachapi, California 93561

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# State of California Secretary of State

## CERTIFICATE OF STATUS

FILED  
2017 NOV 28 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ENTITY NAME: WORLDWIND SERVICES, LLC

FILE NUMBER: 200721310379  
FORMATION DATE: 06/25/2007  
TYPE: DOMESTIC LIMITED LIABILITY COMPANY  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this day of  
November 28, 2017.

ALEX PADILLA  
Secretary of State

DLS