## 1/18000006985

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
| RA Sign W18-67854                       |
| Office Use Only                         |



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SECRETARY OF STATE
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K. SALY JUL 3 0 Z018



July 25, 2018

MARCY MONTANO SANDPIPER TURBINE, LLC 4009 5TH ST, STE. 102, HANGER #5 KISSIMMEE, FL 34741

SUBJECT: SANDPIPER TURBINE, LLC

Ref. Number: W18000067854

We have received your document for SANDPIPER TURBINE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Letter Number: 118A00015325

Karen A Saly Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

| TO: | Registration Section     |  |
|-----|--------------------------|--|
|     | Division of Corporations |  |

SUBJECT: Sandpiper Turbine 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:



•

For further information concerning this matter, please call:

Marcy Montano

Name of Contact Person

Name of Contact Person

Area Code

Davtime 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 autount:

\$125.00 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| ii itaine unavanabie, enter aitemate   | name adopted for the purpose of transacting business in  | Florida The o   | Barnata agus must include "Lumtari Lia  | ndet. Commun. " "L. L. C. " or "L. L. C. ") |
|--|--|-----------------|---|---|
| Massachusetts  | name adopted for the purpose of transacting business in  |                 | 83-0847258  | many company, 1.1.C. or 1.E.C. 7            |
| • •  | shich foreign limited liability company is organized)  | 3.              |   | per, if applicable)                         |
| L. L. 0 2040   |  |                 |   |   |
| July 2,2018  | (Date first transacted business in Florida, if prior   | to registration | 11  |   |
|  | (See sections 605 0904 & 605 0905, F.S. to dete  | mine penalty    | liability)  |   |
| 5. 70 N 2nd Street   | Drawmal (Misar)  | 6.              | 4009 5th Street Suite 10  |   |
| New Bedford ,MA 02   | ·  |                 | Kissimmee,FL 34741  | PECL  |
|  |  |                 |   |   |
|  |  |                 |   |   |
|  |  |                 |   |   |
| 7. Name and street addre   | ess of Florida registered agent: (P.O. Bo  | ox <u>NOT</u> a | acceptable)   | THE TO                                      |
| Name:  | Registered Agents Inc.   |                 |   |   |
| 0.07   | 3030 N. Rocky Point Dr. STE 15   | :∩Δ             |   | 習品  |
| Office Address:  | 3030 N. ROCKY FORK Dr. STE 18  |                 |   | 7   |
|  | Tampa  |                 | , Florida 33607   |   |
|  | (City)   |                 | (Zip code   | :)  |
| , .  | s of my position as registered agent.  |                 |   |   |
|  | (Registered agent  | 's signature)   |   |   |
|  |  | handhan         | authority to manage is/are:   |   |
| 8. The name, title or cap  | acity and address of the person(s) who   | nas/nave a      |   | Name and Address:                           |
| 8. The name, title or cap <u>Title or Capacity:</u>  | acity and address of the person(s) who Name and Address:   |                 | tle or Capacity:  |   |
| -  |  | <u>Ti</u>       | tle or Capacity:  |   |
| Title or Capacity:   | Name and Address:  | <u>Ti</u>       |   |   |
| Title or Capacity:   | Name and Address:  Don Beaty   | <u>Ti</u>       |   |   |
| Title or Capacity: Manager   | Name and Address:  Don Beaty  4009 5th Street  Kissummee,FL 34741  | <u>Ti</u>       | fficer  |   |
| Title or Capacity:   | Name and Address:  Don Beaty  4009 5th Street  Kissummee,Ft, 34741  Marcy Montano  | <u>Ti</u>       |   |   |
| Title or Capacity: Manager   | Name and Address:  Don Beaty  4009 5th Street  Kissummee,FL 34741  | <u>Ti</u>       | fficer  |   |
| Title or Capacity: Manager  Office Manager   | Name and Address:  Don Beaty  4009 5th Street  Kissummee,Ft. 34741  Marcy Montano  4009 5th Street  Kissummee,Ft. 34741  | <u>Ti</u>       | fficer  |   |
| Title or Capacity:  Manager  Office Manager  (Use attachments if neces   | Name and Address:  Don Beaty  4009 5th Street  Kissimmee,Ft 34741  Marcy Montano  4009 5th Street  Kissimmee,Ft 34741  | O               | fficer  |   |
| Title or Capacity:  Manager  Office Manager  (Use attachments if neces). Attached is a certificate   | Name and Address:  Don Beaty  4009 5th Street  Kasaimmee,Ft. 34741  Marcy Montano  4009 5th Street  Kisaimmee,Ft. 34741  ssary)  of existence, no more than 90 days old of which it is organized. (If the certific | O               | officer  thenticated by the official ha                                       |   |
| Title or Capacity:  Manager  Office Manager  (Use attachments if necestricate arisdiction under the law of the translator must be seen as a certificate arisdiction under the law of the translator must be seen as a certificate arisdiction under the law of the translator must be seen as a certificate arisdiction under the law of the translator must be seen as a certificate arisdiction under the law of the translator must be seen as a certificate arise are a certificate arise are a certificate arise are a certificate are a certificate arise are a certificate arise are a certificate arise are a certificate are a certificate arise are a certificate and a certificate are a certificate are a certificate are a certificate and a certificate are a certificate are a certificate are a certificate and a certificate are a certificate are a certificate and a certificate are a certificate are a certificate are a certificate and a certificate are a certificate are a certificate and a ce | Name and Address:  Don Beaty  4009 5th Street  Kasaimmee,Ft. 34741  Marcy Montano  4009 5th Street  Kisaimmee,Ft. 34741  ssary)  of existence, no more than 90 days old of which it is organized. (If the certific | Ti O            | efficer  fficer  henticated by the official hat foreign language, a translati | on of the certificate under oath            |
| Title or Capacity: Manager   | Name and Address:  Don Beaty  4009 5th Street  Kissummee,Ft, 34741  Marcy Montano  | <u>Ti</u>       | fficer  |   |

Typed or printed name of signee



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

June 21, 2018

## TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company will filed in this office by

## SANDPIPER TURBINE, LLC

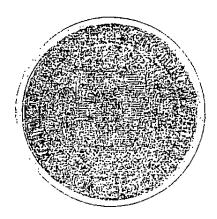
in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 11, 2018.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: WILLIAM M WHELAN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: WILLIAM M WHELAN, PAUL PREW

The names of all persons authorized to act with respect to real property listed in the most recent filing are: WILLIAM M WHELAN



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth