

M18000008241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

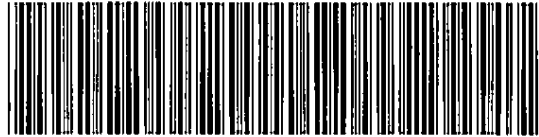
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

SEP 10 2018



- Incorporate in 50 States
- LLC Formation in 50 States
- Series LLC's
- Boat & Aircraft Holding Companies
- Certified Copies & Apostilles
- Foreign State Qualification
- Registered Agent Service in 50 States
- Business License Application Service
- EIN Application Service

- Virtual Office/Delaware Street Address
- Mail & Package Forwarding Service
- Certificates of Good Standing/Existence
- Delaware USA Offshore Companies
- Foreign Consulate Document Legalization
- Renewal & Revival of Charter
- Dissolution/Cancellation of Charter
- Amendments
- US Bank Account Introduction Services

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**3422 Old Capitol Trail, Suite 700 - Wilmington, Delaware 19808 USA**  
Ph 1.800.423.2993 (1.302.996.5819) - Fax 1.800.423.0423 (1.302.996.5818)  
[support@dbiglobal.com](mailto:support@dbiglobal.com) - [www.dbiglobal.com](http://www.dbiglobal.com)

August 28, 2018

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

**Re: Application by Foreign Limited Liability Company for entity Wind's Will LLC**

Dear Ladies and Gentlemen:

Enclosed please find a **Application by Foreign Limited Liability Company for entity Wind's Will LLC** for the above LLC together with a check for \$125.00.

If you require any further information, payment or documentation to effect the **Application by Foreign Limited Liability Company for entity Wind's Will LLC** of this foreign LLC, please contact me by phone at 302-996-5819 or email [Support@DBIGlobal.com](mailto:Support@DBIGlobal.com).

Please return the proof of filing by email or fax or if these options are not available to:

Attn: Barbi Doherty  
Delaware Business Incorporators, Inc.  
3422 Old Capitol Trail Ste 700  
Wilmington DE 19808

Thank you for your kind assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbi Doherty".

Barbi Doherty, Incorporation Specialist Paralegal

**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. Wind's Will LLC

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

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

2. Delaware

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

3. 45-2693386

(FEI number, if applicable)

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

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1376 Westbrook St

(Street Address of Principal Office)

Portland, ME 04102

6. Same

(Mailing Address)

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

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607

(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.*

Bee Hume

(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:**

Officer

Charles O'Brien

1376 Westbrook St

Portland, ME 04102

Officer

Eugenia O'Brien

1376 Westbrook St

Portland, ME 04102

Officer

Officer

(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.

Charles O'Brien

Signature of an authorized person

Charles O'Brien

Typed or printed name of signer

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2018 AUG 30 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WIND'S WILL 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-EIGHTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5003444 8300

SR# 20186382541

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203322748

Date: 08-28-18