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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:

SUBJE	CT: NorthWind Installation Services, UC Name of Limited Liability Company
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e. and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please r	eturn all correspondence concerning this matter to the following:
	Markene Bosworth Name of Person
	NorthWind Installation Services, LLC Firm/Company
	2751 Antelope Road Address
	Sabetha, KS 66534 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Markene Bosworth at (785) 284-0080 Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclose	d is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status

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

IN COMPLIANCE WITH SECTION 615,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Northwind Installation Services LLL
(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 must include "Linsted Linbility Company," "L.L.C." or "LLC.") (Dute first transacted business in Florida, if prior to registration.)
(See acctions 605.0204 & 605.0905, F.S. to determine penalty liability) 2751 Antelope Resid Saletha, KS 66534 Sabetha, KS 66534 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation _____, Florida <u>3312 Y</u> 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 the provisions of all statutes relative to the proper and complete performance of the provisions of all statutes relative to the proper and complete performance of the provisions of all statutes relative to the proper and complete performance of the provisions of all statutes relative to the proper and complete performance of the provisions of all statutes relative to the proper and complete performance of the provisions of all statutes relative to the proper and complete performance of the provisions of all statutes relative to the proper and complete performance of the provisions of all statutes relative to the proper and complete performance of the provisions of all statutes relative to the proper and complete performance of the provisions of all statutes relative to the proper and complete performance of the provisions of the proper and complete performance of the perfor and accept the obligations of my position as registered proper. Vice President & Assistant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: -H President Vice President 2751 Antelor Love (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), Fiorida 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.

STATE OF KANSAS OFFICE OF SECRETARY OF STATE

I, Kris W. Kobach, Kansas Secretary of State, certify that the records of this office reveal the following:

Business Entity ID Number: 8819666

Entity Name: NORTHWIND INSTALLATION SERVICES, LLC

Entity Type: KANSAS LIMITED LIABILITY COMPANY

State of Organization: KANSAS

Resident Agent: NORTHWIND INSTALLATION SERVICES, LLC

Registered Office: RR 2751, Antelope Road, SABETHA, KS, 66534

was filed in this office October 27, 2017, and is in good standing, having fully complied with all requirements of this office.

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



In testimony whereof: I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 29, 2018.

KRIS W. KOBACH
KANSAS SECRETARY OF STATE