

<u></u>				
(Requestor's Name)				
(Address)				
(Address)				
(1001000)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
<b>5</b>				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
M19000049029				
Office Use Only				
Office Use Only				



700329126137

700329126137 06/24/19--01002--001 \*\*55.00 05/15/15--01023--005 \*\*70.55

Y SCOTT JUN 2 22019







May 20, 2019

LAURA EDWARDS 5471 KEARNY VILLA ROAD #300 SAN DIEGO, CA 92123

SUBJECT: WINXNET, LLC Ref. Number: W19000049029

We have received your document for WINXNET, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$55.00.

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) 245-6052.

Letter Number: 219A00010176

Yvette Scott Document Specialist II



May 20, 2019

LAURA EDWARDS 5471 KEARNY VILLA ROAD #300 SAN DIEGO, CA 92123

SUBJECT: WINXNET, LLC Ref. Number: W19000049029

We have received your document for WINXNET, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$55.00.

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) 245-6052.

Yvette Scott Document Specialist II

Letter Number: 219A00010176

RECEIVED
JUN 20 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Winxnet, LLC
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Laura Edwards
Name of Person
Winxnet, LLC
Firm/Company
5471 Kearny Villa Road # 300, ~
Address CE 09
San Diego, CA 92123  City/State and Zip code  S471 Kearny Villa Road # 300,  Address  City/State and Zip code
E-mail address: (to be used for future annual report notification).
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification).  For further information concerning this matter, please call:
Laura Edwards at (958) 292-5744  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Registration Section Registration Section  Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee  \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee.
\$70.00 Filing Fee  \$\Boxed{\sigma} \text{ \$578.75 Filing Fee & }\Boxed{\sigma} \text{ \$\$87.50 Filing Fee & }\Boxed{\sigma} \text{ \$\$87.50 Filing Fee & }\Boxed{\sigma} \text{ \$\$Certificate of Status & }\Boxed{\sigma} \text{ \$\$Certified Copy & }\Boxed{\sigma}  \$\$Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Winxnet, LLC		
	(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp,")		
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)		
2.	Delaware  (State or country under the law of which it is incorporated)  (FEI number, if applicable)		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4			
٠.	O6 - 18 - 2018  (Date of incorporation)  5.  (Date of duration, if other than perpetual)		
	no intrastate business to date, only interstate commerce  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  none Secured yet  (Principal office address)		
٠			
5471 Kearny Villa Road, Suite 300, San Diego, CA 9212			
	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Christopher Claudio  Fice Address: 24144 Harbour View Drive  Ponte Vedra Beach Florida 32082  (City) (Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	2019 SEC ALL
President: Michael Williams	AFE STATE
B. OFFICERS  President: Michael Williams  Address: 63 Marginal Way, 4th Floor  Portland, ME 04101  Vice President:	20 20 SSE
Portland, ME 04101	The second
Vian Pracidant	STA STA
vice rresident.	24 10A
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing add	litional officers and/or directors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 ab are true and that he or she is aware that false information submitted in a docume	oove) affirms that the facts stated herein
a third degree felony as provided for in s.817.155, F.S.	
13. Michael Williams, President (Typed or printed name and capacity of person signing	
(Typed or printed name and capacity of person signing	application)

11. Names and business addresses of officers and/or directors:

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WINXNET, 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-FIFTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WINXNET, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2018.

FILED
2019 JUN 20 PM 3: 24
SECRETARY OF STATE



6921900 8300

SR# 20192096173

Authentication: 202511121

Date: 03-25-19