

N 20000006294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

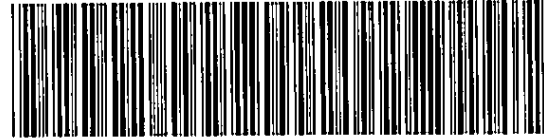
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

ys  
7/02/20

✓

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Winn Underground 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:

Tonya Tarrant

Name of Person

Winn Underground Services LLC

Firm/Company

630 Bay Cove Dr. Unit 211

Address

Biloxi, MS 39532

City/State and Zip Code

ttarrant@winnunderground.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Tonya Tarrant

at

318

294-4908

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 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:

1. Winn Underground Services, LLC  
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

Winn UG, LLC

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

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

3. 82-4033398  
(FEI number, if applicable)

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

5. 630 Bay Cove Dr. Unit 211  
(Street Address of Principal Office)

Biloxi, MS 39532

6. 630 Bay Cove Dr. Unit 211  
(Mailing Address)

Biloxi, MS 39532

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702  
(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.

Tom Glover

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total];

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Mark Winnett

☒ Member Address: 630 Bay Cove Dr. Unit 211

☐ Authorized Biloxi, MS 39532

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Tonya Tarrant

☐ Member Address: 630 Bay Cove Dr. Unit 211

☒ Authorized Biloxi, MS 39532

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 of an authorized person

Mark Winnett

Typed or printed name of signer



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate

I, Jeffrey L. Lee, Assistant Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify that:

Business ID: 1136484

Business Name: **WINN UNDERGROUND SERVICES, LLC**

Registered Agent:  
Mark Bryan Winnett  
1103 Magnolia Bayou Blvd.  
Ocean Springs, MS 39564

Status: Good Standing

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Given under my hand and seal of office  
the 12th day of May, 2020

Jeffrey L. Lee, Assistant Secretary of State

Certificate Number: CN20082813

Verify this certificate online at <http://corp.sos.ms.gov/corpeconv/verifycertificate.aspx>

## FILED DOCUMENTS

### *Description:*

### *Date Filed:*

Formation For Winn Underground Services, LLC  
Annual Report For Winn Underground Services, LLC  
Annual Report For Winn Underground Services, LLC

01/16/2018  
04/12/2019  
03/31/2020

## OFFICERS AND DIRECTORS

### *Name:*

### *Address:*

LegalZoom.com, Inc.  
*Organizer*

101 N. Brand Blvd., 10th Floor  
Glendale, CA 91203

Mark Bryan Winnett  
*Member*

1103 Magnolia Bayou Blvd.  
Ocean Springs, MS 39564

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FALLEN ASSET, FLO



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

Winn Underground Services, LLC

Business ID: 1136484

The attached 1 pages are true and correct copies of documents filed in the Mississippi Secretary of State's Office pursuant to the Mississippi Code of 1972 Annotated.

This the 12th day of May, 2020.

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2020 JUL -9 PM 2:29  
SECRETARY OF STATE  
JACKSON, MISSISSIPPI

Given under my hand and seal of office  
the 12th day of May, 2020

Jeffrey L. Lee, Assistant Secretary of State

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