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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
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Certified Copies	_ Certificates of	f Status
Consist testerations as	500 - O#1	
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2020

JERRY GREENSPON 271 SUNNY JIM DRIVE MEDFORD, NJ 08055

SUBJECT: TRADEWINDS GLOBAL, LLC

Ref. Number: W20000107932

Reissued 2020
Reissued 32020
SEE LUED
ATTACHED We have received your document for TRADEWINDS GLOBAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Yvette Scott Document Specialist II

Letter Number: 620A00017985

RECEIVED OCT 0 8 2020

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

RE: Registration of Foreign Limited Liability Company which is established in New Jersey and wishes to transact business in the State of Florida.

I hereby apply for authorization to transact business in Florida with the division of Corporations. My Company, TRADEWINDS GLOBAL, LLC is registered in the State of New Jersey. Established in Feb. 2008.

Please find attached documents of certification by NJ State officials confirming the existence of Tradewinds Global, LLC. Also attached is the Taxpayer identification number and certification.

Please find enclosed check for \$160.00 to cover filing fees and certifications accordingly

Please confirm acceptance at e-mail jg953@hotmail.com or by cell 1-609-234-4208.

Mailing address:

Jerry Greenspon 271 Sunny Jim Drive Medford, New Jersey 08055

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	TRADENINDS GLOGAL, LLC		
	Name of Limited Liability Company		
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of , and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.		
Please ret	urn all correspondence concerning this matter to the following:		
	JERRY GREENSPON Name of Person		
	/ Name of Person		
	TRADEWINDS GLOBAL LLC - A NEW JERSEY REGISTER CO.		
	Firm/Company		
	271 SUNNY Jim DRIVE		
	Address \vec{P}_{CC} \vec{B}		
	Address MFdFoRd NEW JERSEY 080 558 City/State and Zip Code JG-953 C Hormail. Com E-mail address: (to be used for future annual report notification) Er information concerning this matter, please call:		
City/State and Zip Code			
JG953e Hormail. com			
	E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:			
	JERRY GREENSPON at 609 334-4308 Name of Contact Person Area Code Daytime Telephone Number		
	Name of Contact Person Area Code Daytime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Registration Section Callahassee, FL 32314 Registration Section Callahassee, FL 32301		
	is a check for the following amount: \$\Bigsize \text{\$\sigma} \te		

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

A VENTION BY LOWS	IN FLORIDA
	055.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY SS IN THE STATE OF FLORIDA:
IN COMPLIANCE WITH SECTION COMPANY TO TRANSACT BUSINE	605.0002, FICHILIA STATOTES THE TEST STATOTES THE STATE OF FLORIDA:
TRADEWIND	S GLOBAL, LLC
(Name of Foreign Limi	S INTHE STATE OF FLORIDA. S GLOGAL LLC ted Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.)
COUNTRY A	PARTMENTS Lincolned for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC,") adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC,")
(If name unavailable, cuter abornate name	vionica for the purpose of transacting beeness in Financia
	///
2. (Jurisdiction under the law of which	forcign limited liability company is organized
1 NO ACTIVE	(Date this transacted business in Florida, if prior to reportation.) (See sections MOS. 19014 & MOS. 1908, F.S. to determine penalty liability) (See Sections MOS. 19014 & MOS. 1908, F.S. to determine penalty liability)
	(See sections 605,9904 & 605,0905, F.S. to determine peranty
5. 271 SUNN	V JIM DRIVE 6. WIED (Mailing Address)
Street Address of Prid	capal Office)
	Cepal Office) The Company of the Co
	me • III
	of Florida registered agent: (P.O. Box NOT acceptable)
Name and street address	of Florida registered agent: (P.O. Box NOT acceptable)
Name:	JERRY GREENSPON
	4555 S. ATLANTIC AVE-UNIT 4104
Office Address:	23.13.7
	PONCE INLET Florida 32127
	—— (Cny)
Degistered agent's acce	ptance: egistered agent and to accept service of process for the above stated limited liability company at the place egistered agent and to accept service of process for the above stated limited liability company at the place egistered agent and to accept the appointment as registered agent and agree to act in this capacity. I further agree
Having been named as r	otance: egistered agent and to accept service of process for the above stated limited liability company and egistered ation. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree ations of all statutes relative to the proper and complete performance of my duties, and I am familiar with
to comply with the provi	egistered agent and to uccept the appointment as registered agent and agree to act in this capacity. I say action, I hereby accept the appointment as registered agent and agree to act in this capacity of air statutes relative to the proper and complete performance of my duties, and I am familiar with a source of my nosition as registered agent.
and accept the obligation	ns of my position
	(Registered agent's signature)
	(Registered agent 8 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: JERRY GREENS PON 271 SUNNY JIM DRIVE MED FORD, NEW JENSEY, 08055 (EO (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. Signature of an authorized person

JERRY GREENS PON

Typed or printed name of signee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

TRADEWINDS GLOBAL, LLC 0600320895

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 25, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office ar

JERRY B. GREENSPON 271 SUNNY JIM DRIVE MEDFORD, NJ 08055 2020 OCT -9 PM 4: 37

CR THE STATE OF TH

IN TESTIMONY WHEREOF, I have hereumo set my hand and affixed my Official Scal at Trenton, this 3rd day of October, 2020

Shaket New

Elizabeth Maher Muoio State Treasurer

Certificate Number | 6111594858

Verify this certificate culine at

https://www.l.state.m.us/TYTR_StandingCost/JSP/Verify_Cert/j/p