

M21000008654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

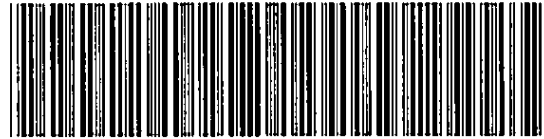
(Document Number)

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

Special Instructions to Filing Officer:

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7-2-21

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2021 JUL -2 AM 11:01  
CLERK OF STATE  
JUL 2 2021

FILED

JUL 09 2021  
M. SOLOMON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WINDWARD MOBILE HOME PARK, 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:

JOHN SMIGIEL

\_\_\_\_\_  
Name of Person

WINDWARD MOBILE HOME PARK, LLC

\_\_\_\_\_  
Firm/Company

1314 E LAS OLAS BLVD, SUITE 1099

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33301

\_\_\_\_\_  
City/State and Zip Code

SMIGIELJ@YAHOO.COM

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

For further information concerning this matter, please call:

JOHN SMIGIEL

954

547-3555

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. WINDWARD MOBILE HOME PARK, LLC  
(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 "Limited Liability Company," "L.L.C.," or "LLC.")

2. STATE OF INDIANA 3. 82-3880511  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JUNE 1, 2021  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1314 E LAS OLAS BLVD, SUITE 1099 6. 1314 E LAS OLAS BLVD, SUITE 1099  
(Street Address of Principal Office) (Mailing Address)

FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301

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

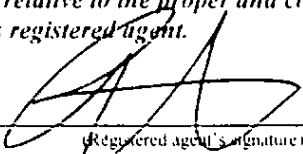
Name: JOHN SMIGIEL

Office Address: 1314 E LAS OLAS BLVD, SUITE 1099

FORT LAUDERDALE 33301  
(City) , Florida (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.

  
(Registered agent's signature)  
JOHN SMIGIEL

FILED  
2024 JUL -2 AM 11:01  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

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: JOHN SMIGIEL

☐ Member Address: 1433 SE 3RD STREET

☐ Authorized POMPAN0 BEACH, FL 33060

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: DAVID SHERMAN JACKSON

☒ Member Address: 9715 W BROWARD BLVD

☐ Authorized SUITE 103

Person PLANTATION, FL 33324

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: SALVATORE BADALAMENTI

☒ Member Address: 44140 RIVERVIEW RIDGE DR

☐ Authorized CLINTON TWP, MI 48038

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☒ Manager Name: JOSEPH BADALAMENTI

☐ Member Address: 44140 RIVERVIEW RIDGE DR

☐ Authorized CLINTON TWP, MI 48038

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: ANTHONY BADALAMENTI

☒ Member Address: 44140 RIVERVIEW RIDGE DR

☐ Authorized CLINTON TWP, MI 48038

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

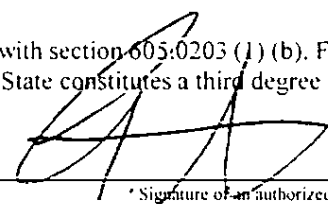
Person \_\_\_\_\_

☐ 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

JOHN SMIGIEL

Typed or printed name of signer

State of Indiana  
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

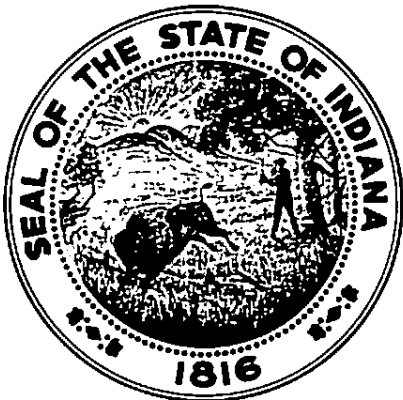
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

WINDWARD MOBILE HOME PARK, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 14, 2017, and was in existence or authorized to transact business in the State of Indiana on July 01, 2021.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 01, 2021

HOLLI SULLIVAN  
SECRETARY OF STATE

201709141214141 / 20212089456

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on July 31, 2021.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2021

JOHN SMIGIEL  
WINDWARD MOBILE HOME PARK LLC  
1314 E LAS OLAS BLVD., SUITE 1099  
FORT LAUDERDALE, FL 33301

SUBJECT: WINDWARD MOBILE HOME PARK LLC  
Ref. Number: W21000088773

We have received your document for WINDWARD MOBILE HOME PARK LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 421A00013670

RECEIVED  
JUL 02 2021