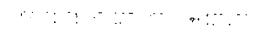
M2100009420

(Re	questor's Name)	
(Ad	dress)	
————————(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
————————(Bu	siness Entity Name)	
— (Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	CSG Vh	Mit
M31000 R.	00100	

Office Use Only



000366442920



2021 JUL 16 PM 7: 15

79 (23)

COVER LETTER

TO:	Registration Section Division of Corporations		
eun ic	WESTWIND MARINE ADVISORS LLC		
SUBJE	Name of	Limited Liability Company	
The enc Existence	losed "Application by Foreign Limited Liability Conce, and check are submitted to register the above refe	npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.	
Please r	eturn all correspondence concerning this matter to th	e following:	
	DOUG WEST		
	ì	Name of Person	
	WESTWIND MARINE ADVISORS LLC		
	1	Firm/Company	
	2145 WELLS PLACE		
Address			
	PALM BEACH GARDENS, FL 33418		
	City/	State and Zip Code	
	DOUGLASMWEST@COMCAST.COM	20;	
	E-mail address: (to be us	ed for future annual report notification)	
For fur	ther information concerning this matter, please call:	ed for future annual report notification)	
	DOUG WEST	561 601-2590	
	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 DEPA S125.00 Filing Fee S130.00 Filing Fee & Certificate of S	§ \$155.00 Filing Fee & \$\Bullet\$ \$160.00 Filing Fee, Certificate	

COVER LETTER

TO:

npanv
ipany
n to Transact Business in Florida," Cert liability company to transact business in
port notification)
port notification) 2021 July 16 601-2590
601-2590
Daytime Telephone Number
ion : 5
oorations
allahassee Street, Suite 810 32303
)

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:

(Same of Coorgi	sors, LLC Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC."	.)
f name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC,")
Texas		20-0409582 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FE) nu	mber, if applicable)
6/1/2021			
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration.) e penalty liability)	
2145 Wells Place		6. (Mailing Address)	
treet Address of Principal Office)		(Mailing Address)	
	(1 11 ()		
Palm Beach Gardens	1 4 6 3 3 4 1 8		ىم
Palm Beach Gardens	1 1 1 3 3 4 1 8		7021 J
Palm Beach Gardens	, FL3341 V		2021 JUL 1
	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2021 JUL 16
		NOT acceptable)	
		NOT acceptable)	2021 JUL 16 PH 7: 15
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name and street address Name:	os of Florida registered agent: (P.O. Box Doug West	NOT acceptable) 33418	

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)

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:

Title or Capacity:

Name and Address:

Title or Capacity:	Name and Address:	Title or Capacity	Name and Address:
□Manager	Name: DOUG WEST	□Manager	Name:
■Member	Address: 2145 WELLS PLACE	□Member	Address:
□Authorized	PALM BEACH GARDENS, FL 33418	□Authorized	
Person		Person	
Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	Other02
	Name	□Manager	Name:
Manager	Name:	-	. o
□Member	Address:		
Authorized		□Authorized	Ū
Person		Person	
□Other	Other	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.

14	Was	
	Signature of an authorized person	
DOUG WEST		
	Typed or printed name of signee	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for Westwind Marine Advisors, LLC (file number 800271118), a Domestic Limited Liability Company (LLC), was filed in this office on November 20, 2003.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 13, 2021.

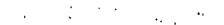


Ruth R. Hughs Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709

TID: 10264

Dial: 7-1-1 for Relay Services Document: 1051121170003





June 17, 2021

DOUG WEST 2145 WELLS PLACE PALM BCH GARDENS, FL 33418 US

SUBJECT: WESTWIND MARINE ADVISORS LLC

Ref. Number: W21000088985

We have received your document for WESTWIND MARINE ADVISORS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 121A00013706

RECEIVED