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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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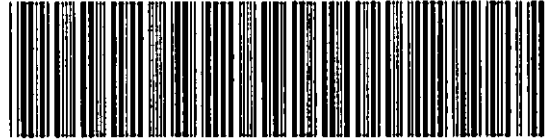
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Michael P Krol & Co, CPA LLC

Certified Public Accountant

*106 W Stafford Road, Unit 1
Stafford Springs, CT 06076*

Phone: 860-684-9096

Fax: 860-684-4944

Email: mkrolcpa@gmail.com

December 1, 2021

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom it may concern,

Enclosed is a completed registration form to register Tradewinds Auto Transport LLC, a foreign limited liability company wishing to transact business in Florida. Also included is a current Certificate of Legal Existence from the State of Connecticut and a check for the registration fee.

Sincerely,

A handwritten signature in black ink, appearing to read "Kelly E Soukup". The signature is fluid and cursive, with the first name "Kelly" being the most prominent part.

Kelly E Soukup, CPA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRADEWINDS AUTO TRANSPORT 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:

KELLY E SOUKUP, CPA

Name of Person

TRADEWINDS AUTO TRANSPORT LLC

Firm/Company

106 W STAFFORD RD STE 1

Address

STAFFORD SPRINGS, CT 06076

City/State and Zip Code

MKROLCPA@GMAIL.COM

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

For further information concerning this matter, please call:

KELLY E SOUKUP, CPA

860

684-9096

Name of Contact Person

at (_____) _____

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. TRADEWINDS AUTO TRANSPORT LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. CONNECTICUT

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

32-0155555

3. (FEI number, if applicable)

4.

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

15737 BAYLAKES TRAIL

5. (Street Address of Principal Office)

CLERMONT, FL 34711

106 W STAFFORD RD STE 1

6. (Mailing Address)

STAFFORD SPRINGS, CT 06076

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

Name:

KENNETH M DOBOSZ

Office Address:

244 PIEDMONT PARK AVE

DAVENPORT

(City)

, Florida

33897

(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)

SECRETARY OF
STATE
TALLAHASSEE, FL

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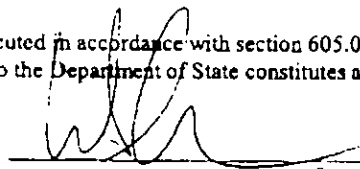
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: WILLIAM B FOWLER	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: PO BOX 237	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	DURHAM, CT 06422	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

WILLIAM B FOWLER

Typed or printed name of signer

Secretary of the State of Connecticut

Certificate of Legal Existence

Express Certificate

Date Issued: November 30, 2021

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	TRADEWINDS AUTO TRANSPORT, LLC
Business ALEI	US-CT.BER:0828266
Formation Date	07/18/2005



Secretary of the State