

M21000017142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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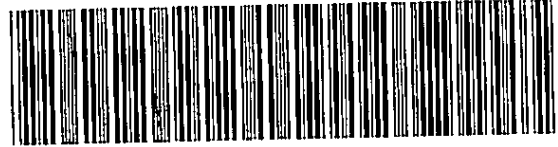
(Business Entity Name)

(Document Number)

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

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SEAL OF THE STATE  
TALLAHASSEE, FL

2021 DEC 16 PM 4:32

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**COVER LETTER**

**TG** Registration Section  
Division of Corporations

**SUBJECT:** 5 Star Winds 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:

Nancy Broome

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

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

1122 North Ridge Dr

\_\_\_\_\_  
Address

Erie CO 80516

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

nancy.broome@yahoo.com

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

For further information concerning this matter, please call:

Nancy Broome

303 810 2176  
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. 5 Star Winds 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. Wisconsin  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-2835555  
(FEI number, if applicable)

4. 9/23/20  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4460 108 st  
(Street Address of Principal Office)

6. 1122 Northridge Dr  
(Mailing Address)

Franksville WI 53126

Erie, CO 80516

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

Name: Graciela Lozano

Office Address: 2011 Flagler Ave

Key West, Florida 33040  
(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.

Graciela Lozano

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TALLAHASSEE, FL

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: Nancy Broome  
☐ Member      Address: 1122 Northridge dr  
☐ Authorized      Erie CO 80516  
Person  
☐ Other      ☐ Other

☐ Manager      Name: Robert Gravitter  
☒ Member      Address: W6 406 County RD a  
☐ Authorized      Pickerel Wisconsin 54465  
Person  
☐ Other      ☐ Other

☐ Manager      Name: Steven Gravitter  
☒ Member      Address: 5411 E Peninsula Rd  
☐ Authorized      Waterford, WI 53185  
Person  
☐ Other      ☐ Other

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

☐ Manager      Name: Judy Bialk  
☒ Member      Address: 4460 108 st  
☐ Authorized      Franksville WI 53126  
Person  
☐ Other      ☐ Other

☐ Manager      Name: Diane Mazer  
☒ Member      Address: 10040 E Happy Valley Rd  
☐ Authorized      #3  
Person      Scottsdale, AZ 85255  
☐ 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

Graciela Lozano

Typed or printed name of signer

United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**5 STAR WINDS, LLC**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 10, 2020.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on September 30, 2021.

A handwritten signature in cursive script that reads "Patti Epstein".

PATTI EPSTEIN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions