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Division of Corporations  5 Star Winds LLC  UBJECT:  Name of Limited Liability Company  he 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 Floridatese 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)	*4	COLUMN LETTUNA		
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	Please make check payable to: FLORIDA D	 EPARTMENT OF STATE		
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 & S155.00 Filing Fee & S160.00 Filing Fee, Certificate		
Please make check payable to: FLORIDA DEPARTMENT OF STATE  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate	Certificat	te of Status Certified Copy 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	mited Liability Company; must include "Limited	Linkship Comments of C. Por H. (C.P.)	
(Name of Poreign Li	miled Clability Company; must include Limited	Habitity Company, 15.15.C., or 1.15C. )	
		,	
(If name unavailable, enter alternate nar	ne adopted for the purpose of transacting business in Fle	irida. The alternate name must include "Limited Lin	ability Company," "L.L.C," or "LLC.")
Wisconsin		85-2835555	
2. (Jurisdiction under the law of which	ch foreign limited liability company is organized)	3. (FEI number	er, if applicable)
9/23/20			
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ne penalty hability)	
4460 108 st		1122 Northridge Dr	
5. (Street Address of Principal Office)		6. (Mailing Address)	
(Street Address of Principal Office)		(Maining Address)	
Franksville WI 53126		Erie, CO 80516	2021 SE
· · · · · · · · · · · · · · · · · · ·			DEC DEC
			= 5 0 W
7. Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	ASSE
	-		
	Graciela Lozano		$=$ $\frac{3}{2}$
Name:			, E. 2
	2011 Flagler Ave		
Office Address:			
	Key West	33040 . , Florida	

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.

1 . 1 /

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:
■Manager	Name: Nancy Broome	□Manager	Name: Judy Bialk
□Member	Address:	■Member	Address:
□Authorized	Erie CO 80516	□Authorized	Franksville WI 53126
Person		Person	
□Other	□Other	Other	□Other
□Manager	Name:	□Manager	Name:
■Member	Address: W6 406 County RD a	■Member	Address: 10040 E Happy Valley Rd
□Authorized	Pickerel Wisconsin 54465	□Authorized	#3
Person		Person	Scottsdale, AZ 85255
Other	Other	□Other	Other
□Manager	Name: Steven Gravitter	□Manager	Name:
■Member	Address: 5411 E Peninsula Rd	□Member	Address:
□Authorized	Waterford, W! 53185	□Authorized	
Person		Person	
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.

	Gracisla Lozano	
	Signature of an authorized Jerson	
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.

PATTI EPSTEIN, Administrator

Division of Corporate and Consumer Services

Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/