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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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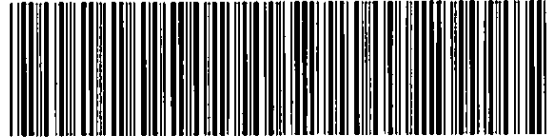
(Business Entity Name)

(Document Number)

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

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WINSQUARED 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:

MINH NGUYEN  
\_\_\_\_\_

Name of Person

WINSQUARED LLC  
\_\_\_\_\_

Firm/Company

P.O BOX 152096  
\_\_\_\_\_

Address

ARLINGTON, TX 76015-2096  
\_\_\_\_\_

City/State and Zip Code

BCNGUYEN07@GMAIL.COM  
\_\_\_\_\_

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

For further information concerning this matter, please call:

BAO NGUYEN  
\_\_\_\_\_

817

5011282  
\_\_\_\_\_

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

3. 82-4043788  
(FEI number, if applicable)

4. 03/01/2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3605 ORCHID LANE  
(Street Address of Principal Office)

6. P.O. BOX 152096  
(Mailing Address)

ARLINGTON, TX 76016

ARLINGTON, TX 76015

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

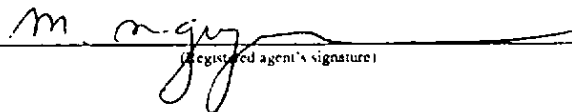
Name: MINH NGUYEN

Office Address: 278 RED CEDAR WAY

SANTA ROSA BEACH, Florida 32459  
(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.

  
(Registered agent's signature)

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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]:

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

☒ Manager              Name: MINH NGUYEN

☐ Member              Address: 3605 ORCHID LANE

☐ Authorized              ARLINGTON, TX 76016

Person

☐ Other              ☐ Other

☐ Manager              Name:

☐ Member              Address:

☐ Authorized

Person

☐ Other              ☐ Other

☐ Manager              Name:

☐ Member              Address:

☐ Authorized

Person

☐ Other              ☐ Other

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

☐ Manager              Name: BAO NGUYEN

☒ Member              Address: 3605 ORCHID LANE

☐ Authorized              ARLINGTON, TX 76016

Person

☐ Other              ☐ Other

☐ Manager              Name:

☐ Member              Address:

☐ Authorized

Person

☐ Other              ☐ Other

☐ Manager              Name:

☐ Member              Address:

☐ Authorized

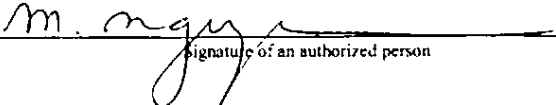
Person

☐ 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



## Office of the Secretary of State

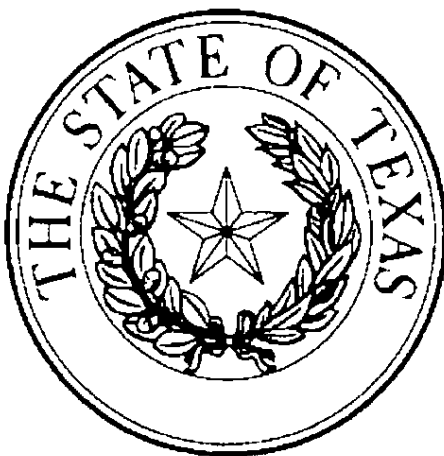
### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for WinSquared LLC (file number 802888586), a Domestic Limited Liability Company (LLC), was filed in this office on December 21, 2017.

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

Delayed Effective date: January 01, 2018

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 February 07, 2023.



A handwritten signature in black ink, reading "Jane Nelson".

Jane Nelson  
Secretary of State