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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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JAN 1 2 2024 K. Brumbley



January 10, 2024

MARC ALLEN 103 KATHLEEN CT. TARPON SPRINGS, FL 34689

SUBJECT: 326 WINDRUSH, LLC Ref. Number: W24000002749

We have received your document for 326 WINDRUSH, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you have submitted can only be filed by a Corporation and merely reserves the name in Florida. If you with to qualify your LLC to transact business in Florida, Please fill out the Foreign LLC application and return with a check or money order for an additional \$37.50,

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.

Letter Number: 924A00000510

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

RECEIVED

WILLIAM 12 PH 1- 35

BIVIS ANASSEE FOR A 10 95

COVER LETTER

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TO:

326 Windrush, LLC		
Nam	e of Limited Liability Company	
aclosed "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida." Cer referenced foreign limited liability company to transact business	
return all correspondence concerning this matter t	o the following:	
Marc Allen		
	Name of Person	
326 Windrush, LLC		
	Firm/Company	
103 Kathleen Court		
	Address	
Tarpon Springs, FL 34689		
	City/State and Zip Code	
propdoc777@gmail.com		
E-mail address: (to be	e used for future annual report notification)	
rther information concerning this matter, please ca	II:	
Marc Allen	813 843-3106 at()	
Name of Contact Person	at ()	
Mailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
Please make check payable to: FLORIDA DEP		
■ \$125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Cer	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limite	d Liability	Company," "L.L.C.," or "LLC.")			
326 Windrush MGA, LLC						
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	orida The a	Iternate name must include "Limited Lial	oility Company," "L.L.C,"	or "L.L.C.")	
Wyoming		3.				
(Jurisdiction under the law of which foreign limited liability company is organized)			3. (FEI number, if applicable)			
•	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration ine penalty li) lability)			
30 N Gould St Ste R			30 N Gould St Ste R			
treet Address of Principal Office)		·· _	(Mailing Address)			
Sheridan, WY 82801		:	Sheridan, WY 82801			
		_				
		-				
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT ac	cceptable)			
				202		
Name:	Marc Allen), y		
Name.	103 Kathleen Ct	•		2024 JAH 1 2	<u>-</u>	
Office Address:						
	Tarpon Springs		34689 , Florida	PH -	10 \ T	
	(City)		,			

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.



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: Name: Marc Allen ■ Manager □Manager Name: Address: 103 Kathleen Ct □Member □Member Address: Tarpon Springs, FL 34689 □ Authorized ☐ Authorized Person Person □Other_____ □Other____ □Other Other □Manager Name: _____ □Manager Name: □Member Address: ☐ Member Address: ☐ Authorized □ Authorized Person Person □Other □Other □Other Other____ □ Manager □Manager □Member Address: □Member Address: □Authorized □ Authorized 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. Nonindexed 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. Harc (Jan 11, 2024 15,34 EST) Signature of an authorized person Marc Allen

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

326 Windrush, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 27, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001381852**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of January, 2024 at 2:44 PM. This certificate is assigned ID Number 068364839.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.