

M24000009446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

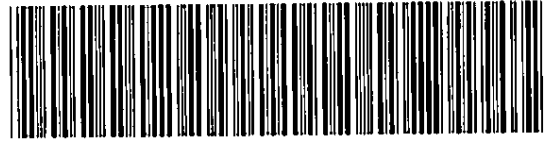
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
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2024 JUL 23 AM 9:00
TALLAHASSEE, FLORIDA

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2024 JUL 23 PM 1:54
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JUL 24 2024
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155 Office Plaza Dr Ste A Tallahassee FL 32301
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DATE: 07/23/2024

NAME: WINDWARD RESTAURANT GROUP LLC

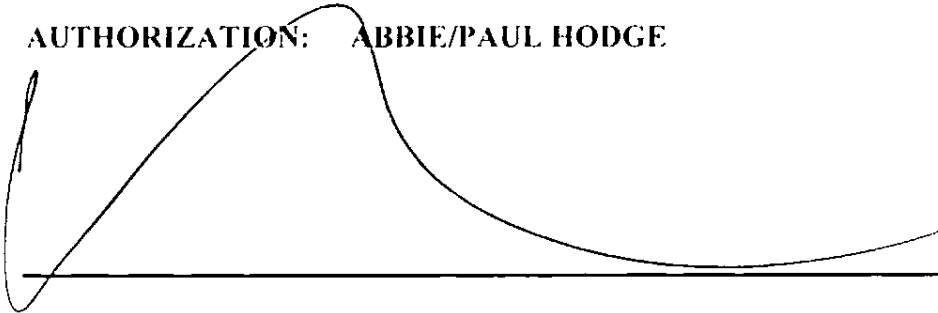
TYPE OF FILING: APPLICATION

COST: 125.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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. Windward Restaurant Group 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. Delaware Applied For
(Jurisdiction under the law of which foreign limited liability company is organized) 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)

5. 2999 NE 191 St., Suite 800, Aventura, FL 33180 6. 2999 NE 191 St., Suite 800, Aventura, FL 33180
(Street Address of Principal Office) (Mailing Address)

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

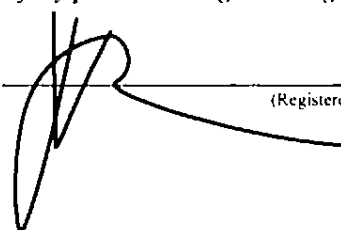
Name: Victor Recondo

Office Address: 2999 NE 191 Street, Suite 800

Aventura 33180
(City) , Florida (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)

APPROVED
AND
FILED
2024 JUL 23 AM 9:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Robert Finvarb _____

☐ Member Address: 2999 NE 191 Street, Suite 800 _____

☐ Authorized Aventura, FL 33180 _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: John Stefan Johansson _____

☐ Member Address: 2999 NE 191 Street, Suite 800 _____

☐ Authorized Aventura, Florida 33180 _____

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Thomas D. Wood, Jr. _____

☐ Member Address: 9350 S. Dixie Highway _____

☐ Authorized Suite 1500, Miami, Florida 33156 _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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.

/s Robert Finvarb

Signature of an authorized person

Robert Finvarb

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WINDWARD RESTAURANT GROUP LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WINDWARD RESTAURANT GROUP LLC" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

3671763 8300

SR# 20243053646

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203851430

Date: 07-02-24