Fidrida Department of State Division of Corporations Division of Corporations Division of Corporations Electric Pring Cater State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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Foreign Limited Liability Company SILVERWINDS CONSULTING LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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K. SALY

JAN 6 2025

To:

COVER LETTER

	Registration Section Division of Corporation	·				
BJEC	SILVERWINDS CO	NSULTING LLC				
	•••	Name of Limited Liability Company				
				ation to Transact Business in Florida." Certifica ited hability company to transact business in Flo		
ease ret	turn all correspondence co	oncerning this matter to the foll	lowing:			
	Mike Town					
	Name of Person Legalzoom.com, Inc. Furm/Company					
	9900 Spectrum I)r				
Address						
Austin, TX 78717						
Cuy/State and Zip Code						
	mcabrera1001@g					
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er furthe	er information concerning	this matter, please call:				
Mike Town		7	800	773-0888		
-	Name of	Contact Person	Area Code			
MAHLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301		
1	inclosed is a check for the Please make check payabl S125.00 Filing Fee	e following amount: e to: FLORIDA DEPARTMI S130.00 Filing Fee & Certificate of Status	\$155.00	TE Filing Fee & \Boxed \text{\$160.00 Filing Fee. Certified Cop} \text{ of Status & Certified Cop}		

Τo

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

IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SILVERWINDS CONSULTING LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.E.C.," or "LLC.") Iff name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name most include "Limited Enablity Company," "I. L.C." or "LLC." or New York (Fi'l number, d'applicable) (basisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, it prior to registration.) (See sections 605,0904 & 605,0905, 1.8. to determine penalty habitity). 26 Broadway, Suite 934 26 Broadway, Suite 934 (Effect Address of Principal Office) (Mading Address) New York, New York 10004 New York, New York 10004 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) UNITED STATES CORPORATION AGENTS, INC. Name: 476 Riverside Ave. Office Address:

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.

Tik Troutlain ERIK TREUTLEIN, ASSISTANT SECRET. STATES CORPORATION AGENTS, INC.

Jacksonville

ERIK TREUTLEIN, ASSISTANT SECRETARY, UNITED

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: Manuel Cabrera	Manager Manager	Name:	
2 Member	Address: 3335 N Federal Highway.	Member	Address:	
Authorized	Apt 832	Authorized		
Person	Oakland Park, FL 33306	Person		
Other	Other	Other		Other
□Manager	Name:	Manager	Name:	The second second
Member	Address:	Member	Address:	
Authorized		Authorized		- 15% O T
Person		Person		•
Other	Other	Other		Other 2
☐Manager	Name:	☐ Manager	Name:	
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. 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 translation 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/Manuel Cabre	era
	Signature of an authorized person
Manuel Cabrera	
	Lyped or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. WALTER T. MOSLEY. Secretary of State of the State of New York and custedian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

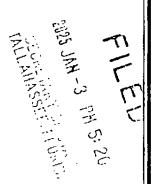
Entity Name: SILVERWINDS CONSULTING LLC

DOS ID Number: 6741735

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 02/24/2023

Statement Status: CURRENT Statement Due Date: 02/28/2025



No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on January 02, 2025 at 05:13 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C. Heglas

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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