.

Division of Corporations

Page 1 of 2



document.

(((H17000220752 3)))



H170002207523ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

| | Division of Co | rporations | | |
|--------------------|------------------|-----------------------------|----------|----|
| | Fax Number | : (850)617-6381 | T AUG | |
| From: | | | <u> </u> | - |
| | Account Name | : CORP USA | | |
| | Account Number | : 072450003255 | ••• | |
| | Phone | : (305)634-3694 | | |
| | Fax Number | : (305)633-9696 | ي ب | • |
| | | | | |
| er the email addre | ass for this hus | iness entity to be used fo | | |
| | | -y one email address please | | ١. |
| | | - one email address presse | | |
| Email Address: | | | | |
| シーの | | | | |
| | | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION

| tradewinds | The group INC |
|-----------------------|---------------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

VSN 3300

AUG 2 2 2017 T. SCOTT

**Enter the

 \sim

PH 12: 2

AUG 21

5

RECENTED

850-617-6381



August 21, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

.

CORP USA

SUBJECT: TRADEWINDS INC. REF: W17000068358

٠

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P00000012007 ACT TRADEWINDS, INC.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

FAX Aud. #: H17000220752 Letter Number: 117A00017064

•

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, Fi. 32314

TRADEWINDS GROUP INC.

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

□ \$70.00 Filing Fœ

S78.75
Filing Fee
Certificate of Status

| □ \$78.7 5 | \$87.50 |
|------------------------|------------------|
| Filing F ee | Filing Fee, |
| & Certified Copy | Certified Copy |
| | & Certificate of |
| | Status |
| ADDITIONAL CO | PY REQUIRED |
| | |

| FROM: | LIZA DUNN | |
|-----------|--|--|
| · · · · · | Name (Printed or typod) | |
| | 3250 Source Ocean Blue. # 106N | |
| Address | | |
| | PALM BEACH FL 33480 | |
| | City, State & Zip | |
| | 561 301.5391 | |
| | Daytime Telephone number | |
| | beachhousenorth @ mac. com | |
| | E-mail address: (to be used for future annual report notification) | |

NOTE: Please provide the original and one copy of the articles.

__ .

| | ARTICLES OF INCOM In compliance with Chapter 607 and/o | ••• | S. (Profit) | | | |
|--|--|-----------------|-----------------------------------|------|----------|-------|
| ARTICLE I NAME The name of the corporat | ion shall he ITRADE WINDS | GROUP | ± NC. | _ | | |
| ARTICLE II PRINC 3250 Southa | IPAL.OFFICE Principal <u>agreet</u> address Ocean BlyD. # 106N | N | Auiling address, if different is: | | | |
| PALM BEDO | * | | | | | |
| FL 3348 | 0 | | | | | |
| ARTICLE III PURPA The purpose for which the | NSA: the corporation is organized is: | | 35 proposes | | 3 JHV 21 | |
| · | · · · · · · · · · · · · · · · · · · · | | | | | |
| <u> </u> | | | | | - | ್ಷಣನ್ |
| | | | | | ڢ | |
| | ······································ | | · | 32 | 9.1 | |
| · · · · · · · · · · · · · · · · · · · | | | | - | | |
| ARTICLE V INITIA | LOFFICENS AND ON DIRECTORS NORMA S. DUNN P/D | Name and Title: | LIZA J. DUNN | VP/I | 2 | |
| Address | 3250 5. Ocean Blue. + 106N | | | | | |
| | Palm BEACK FL. 33480 | | POLM BEACH.FL | | | |
| Name and Title | | Name and Title | · | | | |
| Address | | Address: | | | | |
| | | | | | | |
| | | | | | | |
| Name and Title | | Name and Title | : | | | |
| Address | | | | | | |
| A441C55 | | V001C77: | | | | |
| | | | | | | |
| | | | | | | |

•

•

| Name and T | Tiele:Nun | ne und Title: |
|------------|---|---------------------------------------|
| Address | Ad | Iness: |
| | | |
| | | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| | <u>"GISTERED A GENT</u> <u>ida street address</u> (P.O. Box NOT acceptable) of the r | chistered agent is |
| | NORME S. DUNN | |
| Address: | 3250 S. OURAN BOD. #106N | |
| | YALM BEACH FL. 33480 | |
| • | | \mathbf{i} |

ARTICLE VII INCORPORATOR

The manie and address of the incorporator is:

| Name: | NORMO S. DUNN |
|----------|----------------------------|
| Address: | 3750 S. OUTLU BLUD. # 1064 |

ARTICLE VIII EFFECTIVE DATE;

Effective date, if other than the date of filing: _________. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not most the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been memed as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this vapacity

----4 Required Signature/Registered Agent

Churgest 18 2017.

Cargan 5/8: - 2017.

3 submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 1817 155, F.S.

L 4 ٩ Required Signature/Incorporator

50/90 ∃9∀d

.