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TO: Registration Division of C	Section Corporations		DIVISION OF CORPOR
SUBJECT:	Pulelehua (Name of cor	Foundation poration - must include suf	SEE, FLORIDAS
	(France of Cor	Poration - must menude sur	IIX)
Dear Sir or Madam:			
The enclosed "Applicate of Existent to transact business in	and theta me summin	on for Authorization to Tra ted to register the above ref	nsact Business in Florida", erenced foreign corporation
Please return all corre	espondence concerning this	motton to the C II	
21	/ T	matter to the following:	
Kobe	of Irving	me of Person)	
	(Na	me of Person)	000005500560
Pulelehua	Foundation		-05/04/0201052009
-	(Fir	m/Company)	******87.50 *****87.50
10969 S	.	1 3/	
	andy Run Rd	(Address)	The state of the s
		(Address)	÷
- Jab.40	FL 3347	8	
	(City/S	State and Zip code)	
For further information	o concerning this matter, ple	ease call·	
	J, p.	ous our,	
Kobert I	CU/124 T	1 . 575 71	? ~
(Name of Pers	at (SC		33
,		area Code & Daytime Telep	Dhone Number)
STREET ADDRESS:		3 5 4 TM TO THE	
Registration Section		MAILING ADDRE	SS:
Division of Corporation	ıs	Registration Section Division of Corporat	ions
409 E. Gaines St.		P.O. Box 6327	3013
Tallahassee, FL 32399		Tallahassee, FL 323	14
Enclosed is a check for	the following amount:		
			1
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Conv	\$87.50 Filing Fee,

Certified Copy

WO2-14293 J. BRYAN MAY 1 6 2002

Certified Copy

Certificate of Status &



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 16, 2002

ROBERT IRVING 10969 SANDY RUN RD. JUPITER, FL 33478

SUBJECT: PULELEHUA FOUNDATION

Ref. Number: W02000014293

We have received your document for PULELEHUA FOUNDATION 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 name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

We retained your certificate in our office.,

Please return the original and one copy of 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) 245-6043.

Joey Bryan Document Specialist Tax Liens

Letter Number: 802A00031410

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE ST

1. Note the hose Foundation of INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) 2. Hawaii (State or country under the law of which it is incorporated) 4. 122 102 (State or country under the law of which it is incorporated) 5. Per Det va (Duration: Year corp. will cease to exist or "perpetual") 6. (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. (135) Makawao Ave #228 Makawao H: 96768 (Principal office address) (Principal office address) (Current mailing address) 3. Filed for the purpus of opening Bankawao H: 96768 (Purpose(s) of corporation authorized in home state or dountry to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Robert Julys Office Address: 10969 Sandy Rul (City ode) 0. Registered agent's acceptance: Laving heen named as registered agent agent agent agent agent agent agents are registered agents ar	TO THE STATE OF FLORIDA.	
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ice of process for the above stated corporation 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.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS				Ú11, W	
Chairman:		<u> </u>		ATION	
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					C. C. P. S.
Vice Chairman:					ORIONS
Address:					
Director:					
Address:					
Director:				-	3=1
Address:				•	·
B. OFFICERS					<u> </u>
President: Robert Morris					_
Address: P.O. Box 1090			· ·		
Kula, Hi. 96790					
Address: 10969 SANDY RUN RO	Ì			· · · · · · · · · · · · · · · · · · ·	_
Jup. ten FL 33478	}	:	<u> </u>	<u> </u>	<u> </u>
Secretary: Robert Irviva		<u> </u>	<u></u>		
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IOTE: If necessary, you may attach an addendum to the a	pplication listi	ng additio	nal office	rs and/or direct	ors.
3					
(Signature of Chairman, Vice Chairman, or	any officer lis	ted in num	ber 12 of	the application	n)
4. Kobert Irving Roled					



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

PULELEHUA FOUNDATION

was incorporated under the laws of Hawaii on 04/22/2002; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporation Act, regulating domestic nonprofit corporations.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: 05/02/2002

Director of Commerce and Consumer Affairs

