



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Maalaea Kai Enterprises, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jacob Ayres

Name of Person

Gupta Evans and Associates, PC

Firm/Company

1620 Fifth Ave., Suite 650

Address

San Diego, CA 92101

City/State and Zip code

ja@socal.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Ayres

at ( 619 ) 866-3444

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 Filing Fee &  
Certified Copy

\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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 STATE OF FLORIDA.

1. Maalaea Kai Enterprises, Inc.  
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Hawaii 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 26, 1985 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 360 Ho'ohana St STE 208, Kahului, Hawaii, 96732  
(Principal office street address)

(Current mailing address, if different)

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

Name: Joel Ridings  
Office Address: 9561 Lake Marion Road  
Haines City, Florida 37844  
(City) (Zip code)

2022 JAN 19 PM 12: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service 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.*

Joel R. Ridings  
(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A: DIRECTORS**

Chairman Name: Mark Elmore  
 Vice Chairman Address: 2827 Elmwood Street  
 Director Carlsbad, CA 92008  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Kevin Dehaan  
 Vice Chairman Address: 3571 Corte Rosado  
 Director Carlsbad, CA 92009  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

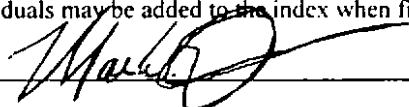
Chairman Name: Raymond Davies  
 Vice Chairman Address: 3276 Avenida La Cima  
 Director Carlsbad, CA 92009  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: William Moselle  
 Vice Chairman Address: 2895 Camino Serbal  
 Director Carlsbad, CA 92009  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

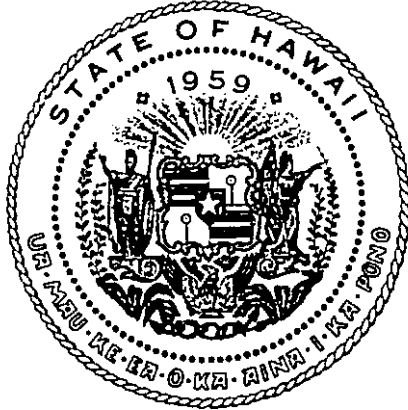
Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**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.

12.  \_\_\_\_\_  
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Mark Elmore, President  
 (Typed or printed name and capacity of person signing application)



## 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 according to the records of this Department,

MAALAEA KAI ENTERPRISES, INC.

was incorporated under the laws of Hawaii on 08/26/1985 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

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: January 12, 2022

Director of Commerce and Consumer Affairs



# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Key West Snorkeling  
Fictitious Name to be Registered (See instructions if name includes a business entity suffix or indicator)

2. 360 Ho'ohana St., STE 208  
Mailing Address of Business

Kahului                      HI                      96732  
City                                      State                                      Zip Code

3. Florida County of principal place of business: \_\_\_\_\_  
Monroe County  
(See instructions if more than one county)

4. FEI Number: 99-0243786

This space is for office use only  
CR4E001 (10/20)

Section 2

**A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary)**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Last                      First                      M.I.                      Last                      First                      M.I.

\_\_\_\_\_                      \_\_\_\_\_  
Address                      Address

\_\_\_\_\_                      CA                      \_\_\_\_\_  
City                      State                      Zip Code                      City                      State                      Zip Code

**B. Owner(s) of Fictitious Name If Entity: (Use an attachment if necessary)**

2. Maalaea Kai Enterprises, Inc.                      2. \_\_\_\_\_  
Entity Name                      Entity Name

360 Ho'ohana St., STE 208                      \_\_\_\_\_  
Address                      Address

Kahului                      HI                      96732                      \_\_\_\_\_  
City                      State                      Zip Code                      City                      State                      Zip Code

Florida Document Number: \_\_\_\_\_                      Florida Document Number: \_\_\_\_\_

FEI Number: \_\_\_\_\_                      FEI Number: \_\_\_\_\_

Applied For                       Not Applicable                       Applied For                       Not Applicable

Section 3

I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that 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.

[Signature]                      12/13/21                      mark@mauisnorkeling.com  
Signature of Owner in Section 2                      Date                      Email Address: (to be used for future renewal notification)

Phone Number: 760 583 4675

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we), the undersigned, hereby cancel the fictitious name \_\_\_\_\_,  
which was registered on \_\_\_\_\_ and was assigned registration number \_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner of Registration being Cancelled                      Date                      Signature of Owner of Registration being Cancelled                      Date

Mark the applicable boxes     Certificate of Status- \$10     Certified Copy- \$30

**NON-REFUNDABLE PROCESSING FEE: \$50**