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SECRETARY OF STATE AS SECRETARY OF CORPORATIONS

J. BRYAN SEP 1 2 2006

#### **COVER LETTER**

	tration Section ion of Corporations				
SUBJECT:	Castle Family LLC				
,	(Name of Limite	ed Liability Company)			
Florida," Cer		lity Company for Authorization to Transact mitted to register the above referenced forei			
Please return	all correspondence concerning this mat	ter to the following:			
	David B. Frankli	in	_		
	(Name	e of Person)	_		
	Preston Gates & Ellis LLP				
	(Firm	/Company)	SECRETARY OF STATION OF CORPORATION		
	55 Second Street, Suite 1700				
	Address)	ATENS 2: 17			
	San Francisco, CA	94105			
	(City/State	e and Zip Code)	-		
For further in	formation concerning this matter, please	e call:			
	David B. Franklin	at ( 415 ) 882-8200			
	(Name of Person)	(Area Code & Daytime Telephone Num	ber)		
		STREET ADDRESS:			
Division of Corporations P.O. Box 6327		Division of Corporations			
		Clifton Building			
Tallar		2661 Executive Center Circle Tallahassee, FL 32301			
	check for the following amount: 5.00 Filing Fee \$\square\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$Certificate of States	□\$155.00 Filing Fee & □\$160.00 Filing Fee, atus Certified Copy of Status &	Certificate c Certified Copy		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Castle Family LLC	
(1	ame of Foreign Limited Liability Company)
Hawaii	3. 99-0322641
(Jurisdiction under the law of which company is organized)	foreign limited liability (FEI number, if applicable)
November 30, 2005	5. <u>Perpetual</u> '
(Date of Organization	(Duration: Year limited liability company will cease to exist or "perpetual")
5	
(Date firs (See sectio	transacted business in Florida, if prior to registration.) s 608.501 & 608.502 F.S. to determine penalty liability)
7	SP
1199 Auloa Road, Kail	a, Hawaii 96734 —
	(Street Address of Principal Office)
3. If limited liability company	s a manager-managed company, check here 🖺
9. The name and usual busines	addresses of the managing members or managers are as follows:
Kaneohe Ranch Manager	ent Limited (Manager)
1199 Auloa Road	
Kailua, Hawaii 96734	
_	existence, no more than 90 days old, duly authenticated by the official having custody of re- is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a f the translator must be submitted.)
1. Nature of business or purpo	ses to be conducted or promoted in Florida: Real Estate Investmen
, .	<u> </u>

an affirmation under the capalities of perjury that the facts stated herein are true.)

Typed or printed name of signee

Achell D'Olier, President and CEO

Carlton K. C. Au, Vice-President and Treasurer

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2. The name	and the Florida street address	of the registered a	gent and office are:	06 VIST	
•	Paracorp Incorpora	ıted		SEP -	
		· (Name)		- cor	
	236 East 6th Avenu	ıe		PM 2:	
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Tallahassee	FL	32303	17	
		City/State/Zip			

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By:	Kaneohe	Ranch	Managemen	t Limited;	a Hawadi	corporati	Carlton K.	2 am
		(S	ignature)	H. Mitch	ne11 0'011 id CE0	íer	Vice-Pres:	C.Au Treasurer

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



#### **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,

CASTLE FAMILY LLC

was organized under the laws of the State of Hawaii on 11/30/2005; that it is an existing limited liability company 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: September 08, 2006

Marle E. Rechtenwold

Director of Commerce and Consumer Affairs

SECRETARY OF STATE OF STATE OF CORPORATIONS