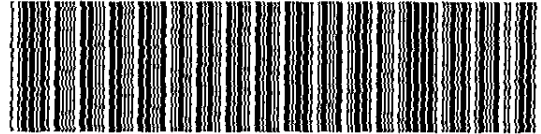


B030000004/s

03 NOV 21 PM 1:23

STATE  
TALLAHASSEE, FLORIDA



50002444825

11/06/03--01045--011 \*\*87.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W03-33968

AL

Office Use Only

Kudo Family Partners  
PO Box 1214 Pahoa, HI. 96778

Oct. 2, 2003

Division of Corporations  
PO Box 6327  
Tallahassee, FL. 32314

FILED  
03 NOV 21 PM 1:25  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

Dear Sirs:

Enclosed is my application form for registration of Kudo Family Partners, Ltd. In the State of Florida.

The name of the contact person is Kenneth Kudo, whose mailing address is PO Box 1214 Pahoa, HI. 96778, Ph. 808 965-6443. His email address is: [kudo@kembo1.com](mailto:kudo@kembo1.com)

Please address all acknowledgements ASAP to this contact person at his address.

Enclosed is \$87.50 total fee. We are not requesting a certified copy or a certificate under seal.

We are requesting you send us a confirmation of registration.

Yours Truly,



Kenneth Kudo



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 14, 2003

FILED  
03 NOV 21 PM 1:23  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

KENNETH KUDO  
P.O. BOX 1214  
PAHOA, HI 96778

SUBJECT: KUDO FAMILY PARTNERS  
Ref. Number: W03000033968

We have received your document for KUDO FAMILY PARTNERS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

Please return 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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 903A00062083

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

FILED

03 NOV 21 PM 1:23

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

1. Kudo Family Partners, Ltd.  
(Name of limited partnership as it is in the home state)
2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;  
must contain the word "LIMITED" or "LTD.")

3. Hawaii 4. 2/14/1994  
(State of Formation) (Date of Formation)

5. Jack Morrison  
(Name of Registered Agent for Service of Process)

6. 14-289 Country Estates Dr.,  
(Street Address of Registered Office)

Winter Garden Florida 34787  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Jack Morrison  
(Agent must sign on this line)

8. The Secretary of State is appointed the registered agent of the foreign limited partnership.  
15-1325 Olao St., P.O. Box 1214, Pahoa, HI. 96778  
(Address of registered office required in state of formation or, if not required, address of principal office.)

- | 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS                            |
|------------------------------|---|
| <u>Kenneth M. Kudo</u>       | <u>15-1325 Olao St., Pahoa, HI. 96778</u> |
| _____                        | _____                                     |
| _____                        | _____                                     |

10. Kudo Family Partners 15-1325 Olao St., PO Box 1214 Pahoa, HI. 96778  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. Kudo Family Partners, Ltd. P.O. Box 1214 Pahoa, HI. 96778

FILED

03 NOV 21 PM 1:23

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

STATE  
FLORIDA

Signed this 3rd day of Oct 2003

  
General Partner

STATE OF Hawaii

COUNTY OF Hawaii

On this 3rd day of OCTOBER, 2003

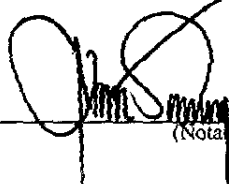
KENNETH M KUDO

, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of Driver's License

HDL 576-46-9331 EXP 30 APR 2006



(Notary Public Signature)

KIM T SAMOY

(Notary's Printed Name)

Seal

My Commission Expires:

26 NOV 2006

W

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared Kenneth M. Kudo  
a general partner of Kudo Family Partners LTD, a (an) Hawaii  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

FILE  
03 NOV 21 1  
NOTARY PUBLIC  
HAWAII

1. The amount of capital contributions of the limited partners is \$ 200.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 200.00.

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 3rd day of Oct, 2003

  
\_\_\_\_\_  
General Partner

STATE OF Hawaii

COUNTY OF Hawaii

On this 3rd day of OCTOBER, 2003

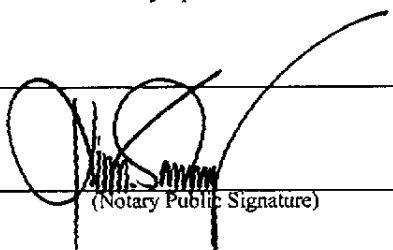
KENNETH M KUDO, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of

Driver's License

HDL 576-46-9331 EXP 30APR2006

  
\_\_\_\_\_  
(Notary Public Signature)

KIM T SAMOY  
\_\_\_\_\_  
(Notary's Printed Name)

Seal      My Commission Expires: 26NOV2006