

F13000005422

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SPIEGEL & UTRERA, P.A.
Account Number : PCA000000001
Phone : (305) 854-6000
Fax Number : (305) 860-2076

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
NO KA OI TROPICS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 DEC 17 AM 9: 31

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12/18/13

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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. **NO KA OI TROPICS 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. **NEVADA**

(State or country under the law of which it is incorporated)

3. **46-4087754**

(FEL number, if applicable)

4. **11/08/2013**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON FILING**

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

7. **2022 Chuli Nene, Tallahassee, Florida 32301**

(Principal office address)

2022 Chuli Nene, Tallahassee, Florida 32301

(Current mailing address)

8. Any legal business or activities permitted under the laws of the State of Florida and the United States

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **SPIEGEL & UTRERA, P.A.**

Office Address: **1840 SW 22nd Street, 4th Floor**

Miami

(City)

Florida 33145

(Zip code)

10. 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.

SPIEGEL & UTRERA, P.A.

By: Natalia Utrera **NATALIA UTRERA, VICE-PRESIDENT**
(Registered agent's signature)

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.

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12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: Alan Berndsend

Address: 2022 Chuli Nene

Tallahassee, Florida 32301

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alan Berndsen

Address: 2022 Chuli Nene

Tallahassee, Florida 32301

Vice President: _____

Address: _____

Secretary: Alan Berndsen

Address: 2022 Chuli Nene, Tallahassee, Florida 32301

Treasurer: Alan Berndsen

Address: 2022 Chuli Nene, Tallahassee, Florida 32301

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

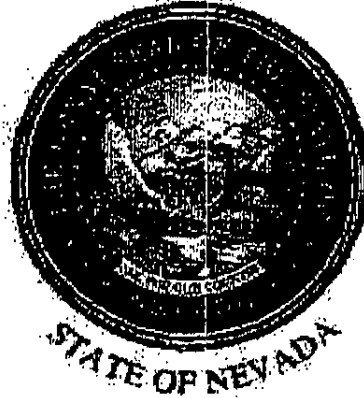
14. Alan Berndsen, President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE



**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NO KA OI TROPICS INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 8, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 14, 2013.



ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20131114-2780
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

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