

F 14000000293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

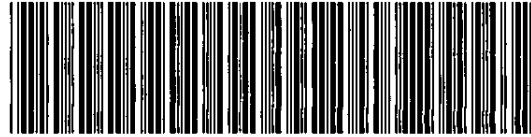
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CORPORATIONS

1/23/14

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** THERAPOWER, 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:

SUSUMU SAKURAI

Name of Person

KW TBS INC.

Firm/Company

7710 BALBOA AVE. SUITE 228B

Address

SAN DIEGO, CA 92111

City/State and Zip code

susumu.kw@gmail.com

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

For further information concerning this matter, please call:

SUSUMU SAKURAI at ( 858 ) 268-0111

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$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

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2014

SUSUMU SAKURAI  
7710 BALBOA AVENUE  
SUITE 228B  
SAN DIEGO, CA 92111

SUBJECT: THERAPOWERR, INC.  
Ref. Number: W14000002171

RECEIVED  
14 JAN 21 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for THERAPOWERR, INC. 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected 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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 114A00000742

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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. **THERAPOWERS, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**THERAPOWERS, INC.**

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

2. **HAWAII**

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

3. **99-0327418**

(FEI number, if applicable)

4. **04/26/1996**

(Date of incorporation)

5. **PERPETUAL**

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

6. **N/A**

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

7. **4107 BRITTANY PLACE, PENSACOLA, FL 32504**

(Principal office address)

**4107 BRITTANY PLACE, PENSACOLA, FL 32504**

(Current mailing address)

8. **RENTAL SERVICE**

(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:

**KIYOMI L SAKAMOTO**

Office Address:

**4107 BRITTANY PLACE**

**PENSACOLA**

(City)

, Florida **32504**

(Zip code)

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OF  
FLORIDA  
RECORDS  
SECTION

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.*

  
(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.

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

**A. DIRECTORS**

14 JAN 21 PM 4: 29

Chairman: KIYOMI L SAKAMOTO

Address: 4107 BRITTANY PLACE, PENSACOLA, FL 32504

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: KIYOMI L SAKAMOTO

Address: 4107 BRITTANY PLACE, PENSACOLA, FL 32504

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: KIYOMI L SAKAMOTO

Address: 4107 BRITTANY PLACE, PENSACOLA, FL 32504

Treasurer: KIYOMI L SAKAMOTO

Address: 4107 BRITTANY PLACE, PENSACOLA, FL 32504

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

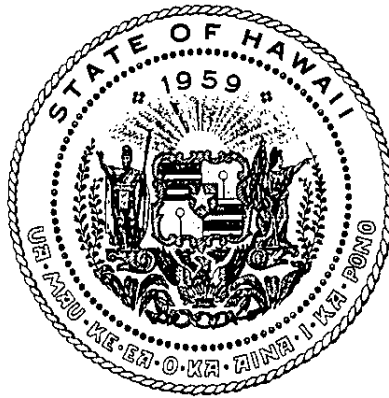
13. \_\_\_\_\_

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. KIYOMI L SAKAMOTO, PRESIDENT

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



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 JAN 21 PM 4:29

## 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,

THERAPOWER, INC.

was incorporated under the laws of Hawaii on 04/26/1996 ; 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 02, 2014



Director of Commerce and Consumer Affairs