

F15000004296

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****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

Aloha Sup Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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15 SEP 28 AM 9:38

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 29 2015

Y SULKER

**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.**

Aloha SUP, Inc.

1. _____
(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)
Ohio n/a

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
05/01/2014

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
Upon Qualification

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3030 N. Rocky Point Dr. STE 150A, Tampa, FL 33607

7. _____
(Principal office address)
3030 N. Rocky Point Dr. STE 150A, Tampa, FL 33607

(Current mailing address, if different)

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

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA, Florida 33607
(City) (Zip code)

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.



Bill Havre/Secretary/Registered Agents Inc.

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vito Soto

Vice Chairman: _____

3030 N. Rocky Point Dr. STE 150A, Tampa, FL 33607

Address: _____

James Lawhead

Director: _____

3030 N. Rocky Point Dr. STE 150A, Tampa, FL 33607

Address: _____

Aaron Andujar

Director: _____

3030 N. Rocky Point Dr. STE 150A, Tampa, FL 33607

Address: _____

B. OFFICERS

James Lawhead

President: _____

3030 N. Rocky Point Dr. STE 150A, Tampa, FL 33607

Address: _____

Vice President: _____

Address: _____

Aaron Andujar

Secretary: _____

3030 N. Rocky Point Dr. STE 150A, Tampa, FL 33607

Address: _____

Vito Soto

Treasurer: _____

3030 N. Rocky Point Dr. STE 150A, Tampa, FL 33607

Address: _____

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

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.

James Lawhead, President

13. _____

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ALOHA SUP INC., an Ohio corporation, Charter No. 2290381, having its principal location in Lorain, County of Lorain, was incorporated on May 1, 2014 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of September, A.D. 2015.

Jon Husted

Ohio Secretary of State

Validation Number: 201526802604