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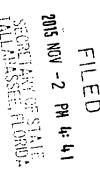
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Aoki Group Inc.			
Name o	f corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate above referenced foreign corporation to tra	of Good Stan	ding" and check are sub	
Please return all correspondence concerning	ng this matter	to the following:	
Kevin Aoki			
	Name of I	Person	
Aoki Group Inc.			
	Firm/Com	pany	
1655 Makaloa Street #1104			
	Addre	ess	
Honolulu, HI 96814			
	City/State ar	nd Zip code	
dorakuhq@gmail.com	74 1 1 6		
E-mail address:	(to be used I	or future annual report i	notification)
For further information concerning this ma	atter, please c	all:	
Kevin Aoki	at ( <sup>305</sup>	766-9393	
Name of Person	Area Code	_/	hone Number
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for the following amount	unt:		
\$70.00 Filing Fee \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2015

KEVIN AOKI 1655 MAKALOA STREET #104 HONOLULU, HI 96814

SUBJECT: AOKI GROUP INC. Ref. Number: W15000069471



We have received your document for AOKI GROUP INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 015A00022135

## 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.

<ol> <li>Aoki Group Inc</li> </ol>	,				
	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	Э," "С	COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate nan	ne adoj	oted for the purpose of transacting business in	Florida)	
		3. <u>20</u> -	20-4742939		
(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
1. February 28, 20	06	5			
(Date of incorporation)			(Date of duration, if other than perpetual)		
ó,					
	(Date first transacted business	s in Flo	orida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607	.1502,	F.S., to determine penalty liability)		
1.1655 Makaloa St	reet #1104, Honolulu HI 96814				
	(Prin	cipal o	ffice address)		
				-1, · 2	
	(Current ma	iling ac	ddress, if different)	2015 NOV	
				聖	
3. Name and street	et address of Florida registered agent: (I	2.O. B	ox NOT acceptable)	ASSA -2	
Name:	Kevin Aoki			MO 3	
			_	STATE STATE	
Office Address:	2081 NW 7th Avenue			88 5	
	Miami		, Florida 33127		
	(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.

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: \_\_\_ Vice Chairman: Address: Director: Address: \_\_ Address: \_ **B. OFFICERS** President: Kevin Aoki Address: 325 S Biscayne Blvd #3919 Miami, FL 33131 Vice President: Kevin Aoki Address: Same as above Secretary: Kevin Aoki Address: Same as above Treasurer: Kevin Aoki Address: Same as above NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. 13. Kevin Aoki

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

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AOKI GROUP, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AOKI GROUP,

INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D.

2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 10266497

Date: 10-20-15

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