

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*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

S.A.F.O. Incorporated

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05 06   |
| Estimated Charge      | \$78.75 |

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

K. SALY

MAR 26 2019



March 20, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: S.A.F.O. INCORPORATED  
REF: W19000027170

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L04000061834.

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.

Dionne M Scott  
Regulatory Specialist II

FAX Aud. #: B19000092059  
Letter Number: 719A00005495

***S.A.F.O. (HAWAII) INCORPORATED***

94-294 Makapipi Street  
Mililani, HI 96789

March 13, 2019

Florida Department of State  
Division of Corporations  
Corporate Filings  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Consent to Use of Name

To Whom It May Concern:

S.A.F.O. Incorporated, a Hawaii corporation doing business in Florida as S.A.F.O. (Hawaii) Incorporated, hereby consents to allow S.A.F.O. Incorporated, a Hawaii corporation, to the use of the name "S.A.F.O. Incorporated" in the State of Florida.

Please contact the undersigned if additional information is needed or if you have any questions.

Thank you for your assistance.

Sincerely,

S.A.F.O. Incorporated d/b/a S.A.F.O. (Hawaii)  
Incorporated, a Hawaii corporation

By: \_\_\_\_\_

  
Heine Fountain, President

# 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. S.A.F.O. Incorporated  
 (Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

S.A.F.O. Incorporated (Hawaii)  
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Hawaii 3. \_\_\_\_\_  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/19/2018 5. perpetual  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. March 2019  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 94-294 Makapipipi Street, Mililani, HI 96780  
 (Principal office address)

\_\_\_\_\_  
 (Current mailing address, if different)

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

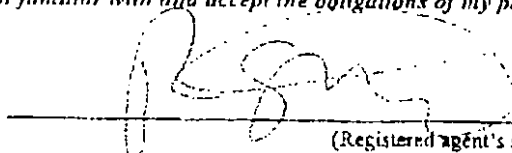
Name: TK Registered Agent, Inc.

Office Address: 101 E. Kennedy Boulevard, Suite 2700

Tampa, Florida 33602  
 (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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

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

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

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

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

Director: Heine Fountain

Address: 94-294 Makapipipi Street

Mililani, HI 96780

Director: Leiann T. Fountain

Address: 94-294 Makapipipi Street

Mililani, HI 96780

B. OFFICERS

President: Heine Fountain

Address: 94-294 Makapipipi Street

Mililani, HI 96780

Vice President: Leiann T. Fountain

Address: 94-294 Makapipipi Street

Mililani, HI 96780

Secretary: Leiann T. Fountain

Address: 94-294 Makapipipi Street, Mililani, HI 96780

Treasurer: Heine Fountain

Address: 94-294 Makapipipi Street, Mililani, HI 96780

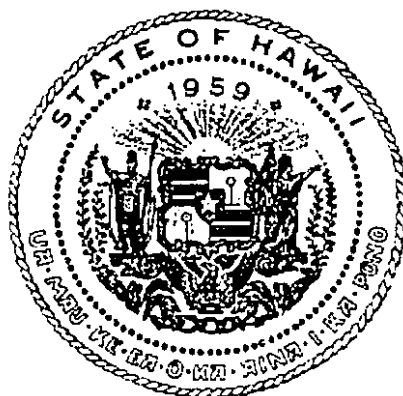
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

13. Heine Fountain, President  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## 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,

**S.A.F.O. INCORPORATED**

was incorporated under the laws of Hawaii on 07/19/2018 ; 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: March 06, 2019

Director of Commerce and Consumer Affairs

