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Division of Corporations

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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
OHANADEPOT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

S. FRANKLIN

DEC 28 2021

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ATTACHING TO COVER SHEET

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APPROVED
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

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. OHANA DEPOT, 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. OREGON 3. 27-1727039
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/22/2011 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 12803 NE AIRPORT WAY, PORTLAND, OR 97230
(Principal office address)
33615 1ST WAY SOUTH, FEDERAL WAY, WA 98003
(Current mailing address, if different)

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

Name: C T Corporation System

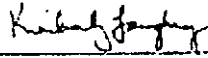
Office Address: 1200 South Pine Island Road

Plantation, 33324
(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.

C T Corporation System

By: KIM LAUGHREY ASSISTANT SECRETARY 
(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: JONG Y. HAM

Address: 33615 1ST WAY SOUTH, FEDERAL WAY, WA 98003

Vice Chairman: KI Y. HAM

Address: 33615 1ST WAY SOUTH, FEDERAL WAY, WA 98003

Director:

Address:

Director:

Address:

B. OFFICERS

President: KEVIN SHIN

Address: 33615 1ST WAY SOUTH

FEDERAL WAY, WA 98003

Vice President: CHONG SO

Address: 33615 1ST WAY SOUTH

FEDERAL WAY, WA 98003

Secretary: CHONGS SO

Address: 33615 1ST WAY SOUTH, FEDERAL WAY, WA 98003

Treasurer: JAMES HAM

Address: 33615 1ST WAY SOUTH, FEDERAL WAY, WA 98003

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. CHONG SO, VICE PRESIDENT/SECRETARY

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

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TALLAHASSEE, FL

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 474P838R3

I, *SHEMIA FAGAN, SECRETARY OF STATE*, and Custodian of the Seal of said State, do hereby certify:

OHANADEPOT, INC.

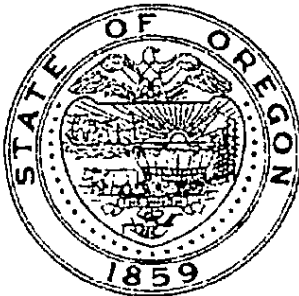
is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.



SHEMIA FAGAN, SECRETARY OF STATE

10/27/2021

2022 DEC 27 PM 4:47
FILED
CLERK OF COURT
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