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(Address)				
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2022 JAN 19 PH 12: 22

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Maalaea Kai Enterprises, b	nc.		
	Nam	e of corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign G Teate of Existence," or "Certifica referenced foreign corporation to	te of Good Stand	ing" and check are sub	
Please	return all correspondence concer	ning this matter t	o the following:	
Jacob A	Ayres			
		Name of P	erson	
Gupta	Evans and Associates, PC			
		Firm/Comp	any	
1620 F	ifth Ave., Suite 650			
		Addres	s	
San Di	ego, CA 92101			
		City/State and	l Zip code	
ja@soc				
	E-mail addre	ss: (to be used fo	r future annual report n	otification)
For fur	ther information concerning this	matter, please ca	II:	
Jacob z	lyres	at (866-3444	
	Name of Person		Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: ♣ Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please i	ed is a check for the following at make check payable to: FLORIDA : .00 Filing Fee	DEPARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy

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.

Maalaca Kai En	iterprises, Inc.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	",иС
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacti	ing business in Florida)
Hawaii	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	applicable)
August 26, 198:	5		
·(Date	of incorporation) 5.	(Date of duration, if other	r than perpetual)
		(, , , ,
360 Ho'ohana St	STE 208, Kahului, Hawaii, 96732 (Principal office)	ce <u>street</u> address)	
	(Current mailin	g address, if different)	
Name and stree	et address of Florida registered agent: (P.O Joel Ridings	D. Box NOT acceptable)	2022 JAN 19 PM 12: 22 SECRETARY OF STATE TALLAHASSEE, FLORID
Office Address:	9561 Lake Marion Road		N 19
	Haines City	37844 , Florida	PH.
	(City)	(Zip code)	2: 22 STATE LORID
Danistana da a			<u> </u>

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.

A: DIRECTORS Kevin Dehaan Mark Elmore Name: □ Chairman Chairman 3571 Corte Rosado Address: □Vice Chairman Address: 2827 Elmwood Street □Vice Chairman Carlsbad, CA 92009 Carlsbad, CA 92008 □ Director ■ Director □President President □Vice President ☐ Vice President □Treasurer Treasurer ☐ Secretary □ Secretary ☐Other _____ □Other _____ □Other _____ □Other _____ Name: _____ □ Chairman □ Chairman Name: 3276 Avenida La Cima ☐ Vice Chairman Address: ☐ Vice Chairman Carlsbad, CA 92009 Director □Director □ President ☐ President ■ Vice President ☐ Vice President □Treasurer □Treasurer ☐ Secretary ☐ Secretary □ Other _____ □Other _____ □Other _____ □Other _____ William Moselle □ Chairman □ Chairman Name: 2895 Camino Serbal Address: ☐ Vice Chairman ☐ Vice Chairman Carlsbad, CA 92009 Director □ Director □ President ☐ President □Vice President _____ □ Vice President □Treasurer □ Secretary Treasurer ■ Secretary □Other _____ □Other □Other _____ Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.



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.

MAALAEA KAI ENTERPRISES, INC.

was incorporated under the laws of Hawaii on 08/26/1985; 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 12, 2022

Cathir. awali Cala

Director of Commerce and Consumer Affairs

Mark the applicable boxes

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

1.	Key West Snorkeling Fictitious Name to be Registered (See instructions if name includes a business entity suffix or includes a business entity or include a business entity suffix or include a business entity or	indicator)				
	·					
2.	360 Ho'ohana St., STE 208					
	Maiting Address of Business	700				
	Kahului HI 96°	732				
	•					
3.	Florida County of principal place of business:					
4.	FEI Number: 99-0243786	This space is for office use only CR4E001 (10/20)				
A.	Owner(s) of Fictitious Name If Individual(s): (Use	e an attachment if necessary)				
	1. Last First M.I.					
	Address	Address				
	CA					
n	City State Zip Code	City State Zip Code				
В.	Owner(s) of Fictitious Name If Entity: (Use an at 2. Maalaea Kai Enterprises, Inc.	2				
	Entity Name	Entity Name				
	360 Ho'ohana St., STE 208					
	Address Kahului HI 96732	Address				
	City State Zip Code	City State Zip Code				
	Florida Document Number:	Florida Document Number:				
	Tionda Boddinent Homber.					
	FEI Number:	FEI Number:				
	□ Applied For □ Not Applicable	☐ Applied For ☐ Not Applicable				
I. the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am 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.						
	12/13/21	mark @ Micuisnuckeling, Com Email Address: (to be used for future renewal notification)				
	7 1 (62 11.26	Email Address: (to be used for future renewal notification)				
Ph	one Number: 760 583 4675					
FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:						
I (w	I (we), the undersigned, hereby cancel the fictitious name,					
whi	which was registered on and was assigned registration number					
Signa	ature of Owner of Registration being Cancelled Date	Signature of Owner of Registration being Cancelled Date				

NON-REFUNDABLE PROCESSING FEE: \$50

Certificate of Status- \$10