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KATZ, LOOK & MOISON

PROFESSIONAL CORPORATION

Attorneys and Counselors at Law 1120 Lincoln Street, Suite 1100 Denver, Colorado 80203-2139 Telephone 303-832-1900 Fax 303-863-0412

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Harley K. Look, Jr.
Peter R. Moison
Brian E. Onorato
Lisa L. McDaniel

. Michael M. Katz

Also Licensed in Florida Also Licensed in Washington

May 30, 2008

057049-2801

Florida Department of State Division of Corporations c/o Ms. Brenda Tadlock PO Box 6327 Tallahassee FL 32314

Re: AKD-NAK Family, LLC

Dear Ms. Tadlock:

Enclosed per your instructions are the following documents.

- 1) Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for AKD Family, LLC;
- 2) Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for AKD-NAK Family, LLC;
- 3) Copies of the Washington State Articles and Certificate for AKD-NAK Family, LLC; and
- 4) Our firm's check # 14824 in the amount of \$125. To cover the costs of filing.

Thank you for all your assistance in filing the proper documents to achieve the clients wishes. Should you have any questions regarding the above, please feel free to contact me.

Very truly yours

KATZ, LOOK & MOISON, P.C.

By:

Jennifer Lane, Legal Assistant for,

Brian E. Onorato, Esq.

BEO/jel encl.

Circular 230 Disclosure: To ensure compliance with requirements imposed by the IRS, we inform you that any U.S. federal tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code, or (ii) promoting, marketing or recommending to another party.

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: AKD-NAK Family, LLC				
(Name of Limited Liability	Company)			
The enclosed "Application by Foreign Limited Liability Compa Florida," Certificate of Existence, and check are submitted to re liability company to transact business in Florida				
Please return all correspondence concerning this matter to the fo	oflowing:			
Brian E. Onorato				
(Name of Person)			
Katz Look & Mosion, P.C.				
(Firm/Company)	1			
1120 Lincoln St., Ste. 1100				
(Address)				
Denver CO 80203				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Brian E. Onorato or Jennifer Lane at (303 (Area Co) 832-1900 x. 124 ode & Daytime Telephone Number)			
P.O. Box 6327 Clifton Bui	Corporations Iding ative Center Circle			
Enclosed is a check for the following amount: [] \$125.00 Filing Fee	Filing Fee & \$\Bigsquare\$\$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:
1. AKD-NAK Family, LLC	
(Name of Foreign Limited Liability Company; must inclu	ide "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C.," "LLC.")	se of transacting business in Florida and attach a copy of the writter transacting business in Florida and attach a copy of the writter transacting business in Florida and attach a copy of the written and attach a copy of the writt
2. Washington State	3. 20-3203482
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable) Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
4. 3/31/2008	PR 원 Perpetual PR
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. July 15, 2005 as AKD Family, LLC, (Date first transacted business in Flo (See sections 608.501 & 608.502 F.S	document number MO500003986 orida, if prior to registration.)
7. Roger Nakata	
12215 49th Ave. CT NW PO BOX 66 (Street Address	105 Gig Harbor WA 98332 of Principal Office)
8. If limited liability company is a manager-managed	company, check here 🗸
9. The name and usual business addresses of the man	aging members or managers are as follows:
Roger L. Nakata 12215 49th Ave. CT N	W PO BOX 66105 Gig Harbor WA 98332
Barbara J. Nakata 12215 49th Ave. CT I	NW PO BOX 66105 Gig Harbor WA 98332
10. Attached is an original certificate of existence, no more than 90 (days old, duly authenticated by the official having custody of records i
the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under eath of the translator must be subr	y is not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or	r promoted in Florida: Rental of real property
Brian E China	B
	thorized representative of a member. S. the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Brian E. Onorato

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

AKD-NAK Family, LLC		
If name unavailable, the alternate name t	to be used in the state of Florida is:	9- NNF 80
2. The name and the Florida street addre	ess of the registered agent and office are:	5Û :1 Hd
Mike Simpson		0.5
	(Name)	
280 Avenue A.N.\		
Florida Street A	Address (P.O. Box <u>NOT</u> ACCEPTABLE)	
Winter Haven	FL 33881	
	City/State/Zip	_

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Mile Singeon (Signatufe)

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)





Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF AKD-NAK FAMILY, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 3/31/2008.

I FURTHER CERTIFY that as of the date of this certificate, AKD-NAK FAMILY, LLC remains active and has complied with the filing requirements of this office.

Date: April 29, 2008

UBI: 602-825-006

STATE STATE OF THE STATE OF THE

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State