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EXAMINER



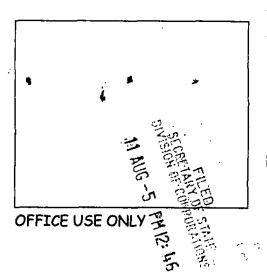
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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, PL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

KOLOA ATLANTIC, LLC

CK# 5349

FOR \$380.00 (\$130.00 for this filing)

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

CERTIFIED COPY

XXX STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

| SUBJECT: Koloa Atlantic, LL | Name of Limited Liability Company |
|---|--|
| The enclosed "Application by Foreign Lim Existence, and check are submitted to regis | ited Liability Company for Authorization to Transact Business in Florida," Cer ter the above referenced foreign limited Hability company to transact business |
| Please return all correspondence concerning | g this matter to the following: |
| Danlelle C. Humph | |
| | Name of Person |
| Marks, Finch, Thorn | nton & Baird, LLP |
| | Firm/Company |
| 8620 Spectrum Co | enter Boulevard, Suite 900 |
| 1 | Address |
| San Diego, Californ | nia 92123 |
| | City/State and Zip Code |
| dhumphries@mg | gfllp.com |
| B-mail ac | dress: (to be used for future annual report notification) |
| For further information concerning this mat | iter, please call: |
| Amanda Rogers | at (858) 737-3100 Area Code & Daytime Telephone Number |
| Name of Person | Area Code & Daytime Telephone Number |
| MAILING ADDRESS: | STREET ADDRESS: |
| Division of Corporations Registration Section | Division of Corporations Registration Section |
| P.O. Box 6327 | Clifton Building |
| Tallahasseo, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following | z amount: |
| \$125.00 Filing Fee \$\int\$\$\$\$\$\$130.00 I | Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate |

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

IN COMPILANCE 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 PLORIDA: | |
|--|---------|
| 1. Koloa Atlantic, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| | |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writt consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") | .en |
| 2 California 3. | |
| 2. California 3. (Jurisdiction under the law of which foreign limited liability company is organized) (PBI number, if applicable) | |
| 4. July 27, 2011 5. Perpetual | |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | |
| 6, | بر م |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | 1 |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 17569 Via Del Bravo San Diego, California 92127 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here | 5 |
| San Diego, California 92127 | 5 |
| (Street Address of Principal Office) | : سي |
| 8. If limited liability company is a manager-managed company, check here 🔽 | ar C |
| 9. The name and usual business addresses of the managing members or managers are as follows: | |
| Kerry D. Vinci | |
| P.O. Box 1309 | |
| Rancho Santa Fe, California 92067 | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records | in |
| the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a | |
| translation of the certificate under eath of the translator must be submitted.) | |
| 11. Nature of business or purposes to be conducted or promoted in Florida: | • |
| Property Management | |
| | |
| Signature of a member or an authorized representative of a member. | |
| (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the | |
| penalties of perjury that the facts stated herein are true. I am aware that any 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.) | |
| David S. Demian, Esq. | |
| Typed or printed name of signee | |

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.

1. The name of the Limited Liability Company is:

| Koloa Atlantic, LLC | |
|---|---|
| If unavailable, the alternate to b | e used in the state of Florida is: |
| 2. The name and the Florida str | eet address of the registered agent and office are: |
| NRAI Service | s, Inc. |
| | (Name) |
| | ive Park Drive, Suite 4 Ida Street Address (P.O. Box NOT ACCEPTABLE) |
| rot | and Succe Address (P.O. DOX NOT ACCEPIABLE) |
| Weston | FL 33331 City/State/Zip |
| ltability company at the place des agent and agree to act in this cap relating to the proper and comple | agent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as registered acity. I further agree to comply with the provisions of all statutes are performance of my duties, and I am familiar with and accept the istered agent as provided for in Chapter 608, Florida Statutes. Sceretory (Signature) \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) |