# M12000005058

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**EXAMINER** 



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SECRETARY BE STATE OF COREOGATIONS

#### **COVER LETTER**

TO:

SUBJECT: Opilani, LLC			
<del></del>	Nar	ne of Limited Liability Company	
The enclosed "Application by Existence, and check are sub	y Foreign Limited Liab mitted to register the al	oility Company for Authorization to Transact Business in Florida," bove referenced foreign limited liability company to transact business.	Certificate of ess in Florida
Please return all corresponde	ence concerning this ma	atter to the following:	
Ofelia R.	Derr	<u></u>	SEC 33S
		Name of Person	一點
Opilani, L	LC		7 C
		Firm/Company	SECRETARY BY STALLOWS
6547 Mid	night Pass Road,	PMB #78	3
		Address	
Sarasota	, FL 34242		
		City/State and Zip Code	
ofederr@	gmail.com E-mail address: (t	o be used for future annual report notification)	
For further information conce	erning this matter, plea	se call:	
Dennis Derr		at (941 ) 735-6626	
Na	ame of Person	Area Code & Daytime Telephone Number	
MAILING ADDRI Division of Corpora Registration Section P.O. Box 6327 Tallahassee, FL 323	tions	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for t	the following amou \$130.00 Filing Fe Certificate of Stat	e & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$\$160.00 Filing Fee, Certificate	e

### 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:

1. Opilani, LLC (Name of Foreign Limited Liability Company; must inc.)	ude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the alt Company," "L.L.C," "LLC.")	ose of transacting business in Florida and attach a copy of the written ernate name. The alternate name must include "Limited Liability
2. State of Hawaii, USA	3. 45-5273434
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
1.	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. 15 September 2012 (Date first transacted business in F	Aprildo If avior to registration
(See sections 608.501 & 608.502 F.S	S. to determine penalty liability)
7. 1222 Sea Plume Way	P day
Sarasota, FL 34242	
	s of Principal Office)
8. If limited liability company is a manager-managed	d company, check here
9. The name and usual business addresses of the man	naging members or managers are as follows:
Ofelia R. Derr	
1222 Sea Plume Way, Sarasota, FL 34242	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocopranslation of the certificate under oath of the translator must be sub-	, ,
11. Nature of business or purposes to be conducted of	r promoted in Florida:
HYPR Atlantic Surf & Paddle	
Ofelin 6	2. Cen
· //	uthorized representative of a member.  cution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are to	rue. I am aware that any false information submitted in a

Typed or printed name of signee

Ofelia R. Derr

## 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:	
Opilani, LLC		
If unavailable, the alternate to be used	in the state of Florida is:	
2. The name and the Florida street add	lress of the registered agent and office are:	
Dennis D. Derr		
	(Name)	
1222 Sea Plume Way		
Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	
Sarasota	FL	
	City/State/Zip	
Harrison by an array of the second of the second	and to an and an advantage of the state of t	

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.

(Signature)

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

NEIL ABERCROMBIE GOVERNOR

> BRIAN SCHATZ LT. GOVERNOR



KEALI'I S. LOPEZ

JO ANN UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TUNG CHAN
COMMISSIONER OF SECURITIES

## STATE OF HAWAII BUSINESS REGISTRATION DIVISION DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS 335 MERCHANT STREET, P.O. BOX 40 HONOLULU, HAWAII 96810

#### www.BusinessRegistrations.com

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that the attached is a Certificate of Good Standing for OPILANI, LLC, issued on July 31, 2012.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, this 31<sup>st</sup> day of July, 2012.

Director of Commerce and Consumer Affairs