# M14 00002745

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
AND EMASSEE, FEORIDA

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February 5, 2014

SUSAN DEARBORN P.O. BOX 12510 PORTLAND, OR 97212

SUBJECT: KURISU LLC Ref. Number: W14000007546

We have received your document for KURISU LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized; must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 914A00002606

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT. Kurisu LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Susan Dearborn Name of Person	<del> </del>
Curisu LLC	
Firm/Company	
P.O. Box 12510	SECT
Address	三川
Portland OR	3.3.5.5. 3.3.5.5.
City/State and Zip Code	
ue@gmail.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Dani Arnott	<sub>at</sub> 503	595-0926
Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:	

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the	following amount:		
□ \$125.00 Filing Fee	■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Kurisu 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
<sub>2</sub> Oregon <sub>3</sub> 46-4410124q
(Jurisdiction under the law of which foreign firmited liability (FEI number, if applicable) company is organized)
4. 1/2/2014
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3987 N Mississippi Ave.
5. 3987 N Mississippi Ave.
6. P.O. Box 12510 (Street Address of Principal Office)
Portland OR 97212
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Hoichi Kurisu - Member
Susan Dearborn - Controller
Dani Arnott - Accountant
8. 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 oath of the translator must be submitted)  Signature of an authorized person
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated berein 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 6.817.155, F.S.)
Heichi Kurisu
Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Kurisu L	LC		
If unavailable,	the alternate to be used in	the state of Florida is:	
2. The name a	and the Florida street addre	ess of the registered agent and office are:	
	Registered A	gent Solutions, Inc	20 <b>2</b>
		(Name)	
	155 Office Pl	aza Dr Ste. A	2014 PPR 21 SECRETARY TALLAHASSI
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	- mg
	Tallahassee	<sub>FL</sub> 32301	3: 44 STATE LORID

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 605, Florida

Statutes.

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

#### **CERTIFICATE**

# State of Oregon

# OFFICE OF THE SECRETARY OF STATE Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

#### KURISU LLC

was

organized

under the Oregon

Limited Liability Company Act

on

January 2, 2014

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.

KATE BROWN, Secretary of State

February 4, 2014