### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

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#### Foreign Limited Liability Company KLA HA YA POD, LLC

Certificate of Status	0
Certified Copy	1
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Help

B. BOSTICK

MAY 1 3 2014

#### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: KLA HA YA	POD, LLC	;			
	Name of Limited	Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed "Application by Foreign Existence, and check are submitted to	Limited Liability Compregister the above refere	any for Authorization	on to Transact Busine d liability company to	ess in Florida," transact busin	Certificate of ess in Florida
Please return all correspondence conce	erning this matter to the i	following:			
	Imel	da Vasquez			
<b>-</b>	Na	me of Person			
_	Legalzo	oom.com, Inc.			
	Fin	m/Company			
-	100 W. Bro	adway Suite 1	00		
		Address	,		
	Glenda	le, CA 91210			
	City/Sta	te and Zip Code			
klahayapod@gm					
<u> </u>	-mail address: (to be used	for future annual repo	nt notification)		
For further information concerning this	matter, please call:				
lmeida Vasquez		323	962-8600	<u>.</u> .	22
Name of Con	tact Person	Area Code	Daytime Telepho	ne Numb <del>e</del> r	-2%
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registrat Clifton B 2661 Exc	FADDRESS: of Corporations ion Section uilding coutive Center Circl ice, FL 32301	c		
Enclosed is a check for the follow	wing amount:				co ~~
□ \$125.00 Filing Fee □ \$	1130.00 Filing Fee & Certificate of Status	■ \$155.00 Filing i Certified Copy		Filing Fee, Ce s & Certified C	

To:

### 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:

	······································	
f name unavailable, enter alternate name adopted for the purpose of transacting business in Flori- ability Company," "L.L.C," or "LLC.")	da. The alternate name must include "	Limited
Washington 3, 46-5073972	2	
	number, if applicable)	
(Date first transacted business in Florida, if prior to registrate (See sections 605.0904 & 605.0905, F.S. to determine penalty	ion.) inbility)	
12301 Lexington Park Dr. #201	22	
Tampa, FL 33626	, g ann	
(Street Address of Principal Office)	- :	<u> </u>
	্ ত	<u>.</u> .
	, >	
(Mailing Address)		
. The name, title or capacity and address of the person(s) who has/have	authority to manage is/are:	
• • •		<u>26</u> —
Attached is an original certificate of existence, no more than 90 days of exing custody of records in the jurisdiction under the law of which it is or exceptable. If the certificate is in a foreign language, a translation of the ce ust be submitted)	#201, Tampa, FL 3362	— Officia
Attached is an original certificate of existence, no more than 90 days old ving custody of records in the jurisdiction under the law of which it is or ceptable. If the certificate is in a foreign language, a translation of the ce	#201, Tampa, FL 3362	— Officia
Attached is an original certificate of existence, no more than 90 days old ving custody of records in the jurisdiction under the law of which it is or ceptable. If the certificate is in a foreign language, a translation of the ce ust be submitted)  Signature of an authorized person accordance with section 605.0203, F.S., the execution of this document consultates an affirmation under the	#201, Tampa, FL 3362  I, duly authenticated by the organized. (A photocopy is no rtificate under oath of the tra	officia ot anslate
Attached is an original certificate of existence, no more than 90 days old twing custody of records in the jurisdiction under the law of which it is on eceptable. If the certificate is in a foreign language, a translation of the ce ust be submitted)  Manuallaw Challe	#201, Tampa, FL 3362  I, duly authenticated by the organized. (A photocopy is no rtificate under oath of the tra	officia ot anslate

To:

## 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.

1. The name of the Limited Liability Company is:

	A YA POD, LLC	ne state of Florida is:	
2. The name	e and the Florida street address	s of the registered agent and office are:	
	United States (	Corporation Agents, Inc.	
		(Name)	
		Oaks Court, Suite A	
	Florida Street Ac	ddress (P.O. Box NOT ACCEPTABLE)	
	Tampa	FL 33812	- 10
		City/State/Zip	. ე. დე
liability compregistered ag statutes relai	pany at the place designated in tent and agree to act in this cap ting to the proper and complete pligations of my position as reg	Designation of Registered Agent	lment as rovisions of al ar with and



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

# CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

KLA HA YA POD, 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 3/7/2014.

I FURTHER CERTIFY that as of the date of this certificate, KLA HA YA POD, LLC remains active and has complied with the filing requirements of this office.

Date: April 28, 2014

UBI: 603-383-286

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

Kim Wyman, Secretary of State

