M15000007725

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificate	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



600277776836

10/06/15--01014--023 **160.00



OCT 1 9 2015

SHIVER

, 44



October 7, 2015

ALLAN CAMAISA PO BOX 7310 RANCHO SANTE FE, CA 92067

SUBJECT: AJC MAKANA LLC Ref. Number: W15000066511

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

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Letter Number: 415A00021178

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org



COVER LETTER

TO:	Registration S Division of Co		s				
SUBJE	AJC Mak	ana LLC		•			
•		_	Name of	f Limited Liability (Company		
The enc Existence	losed "Applicate, and check ar	ion by For e submitte	eign Limited Liability Con d to register the above refe	npany for Authoriza renced foreign limi	tion to Trated liability	ansact Business in Florida," (y company to transact busine	Certificate of ss in Florida
Please r	eturn all corresp	ondence c	oncerning this matter to the	e following:			
	Allar	. Camaisa					
			Ţ	Name of Person			
	AJC	Makana L	LC				
			1	Firm/Company		<u> </u>	
	PO B	ox 7310					
		·		Address			
	Ranc	ho Santa F	e, CA 92067				
			City/	State and Zip Code			
	suemai	riesullivan	@gmail.com				
		·	E-mail address: (to be use	ed for future annual	report no	tification)	
For furth	her information	concerning	this matter, please call:				
	Sue Sullivan		858 at (967-76	11		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
•	MAILING AI Division of Co Registration Se P.O. Box 6327 Tallahassee, Fl	rporations ection			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
	d is a check for \$125.00 File		ng amount: \$\sum \$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filin Certified Copy	ıg Fee &	\$160.00 Filing Fee, Cer of Status & Certified Copy	

ALL DIORIGINAL EX	P. LILICON WILLIAM P. COLENY	N FLORIDA	/BU A BAUMARIM RAULY A Y	A THURST POURTED .
	THÔN 605.0902, FLORIDA STATUTES, TH USINESS INTHE STATE OF FLORIDA:	HE FOLLOWING IS S	UBMITTED TO REGISTER .	A FOREIGN LIMITED LIABILITY
AJC Makana LLC				
(Name of Fore	eign Limited Liability Company; must i	nclude "Limited Liab	ility Company," "L.L.C.," o	or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of "or "LLC.")	f transacting business	in Florida. The alternate na	ame must include "Limited
Nevada 2.		46-0976425 3.		
(Jurisdiction under the law company is organized) 10/1/15	of which foreign limited liability		(FEI number, if applicable	e)
4	(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to 05, F.S. to determine	registration.) penalty liability)	_
5. 3790 Via De La Valle	Suite 211			
Del Mar, CA 92014				
	(Street Address of Prir	ncipal Office)		
6. Sume				
	(Mailing Ado	iress)		_
7. Name and street address	ss of Florida registered agent: (P.O.	Box NOT accepta	ble)	
Name:	David Vaughn			
	3711 Treasure Circle			
Office Address:	D		22.400	
	Panama City Beach		, Florida	
Registered agent's accep	(City)		(Zip code)	
designated in this applica to complywith the provision	gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the promy position as registered agent. (Registered	ent as registered ag	ent and agree to act in t	his capacity. I further agree
8 The name, title or capa Allan Camaisa	acity.and address.of the person(s).wh	no has/have authori	ty to manage is/are:	SSEC.
PO Box 7310				20 6 1
Rancho Santa Fe, CA 920	67			REAL OF THE PARTY
			language, a translation o	
		•		
	in accordance with section 605.020 the Department of State constitutes			

Ve Sullivan
Typed or printed name of signee

AllAN Camaisa

owner/manager

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, AJC MAKANA, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since Newada 1, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of state, at my office on September 22, 2015.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150922-0720
You may verify this electronic certificate
online at http://www.nvsos.gov/