## M160000611a

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PICK-UP	WAIT	MAIL				
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Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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SECRETARY OF STATE
FALL AHASSEE, FLORID

J. HARRIS

## **COVER LETTER**

Registration Section '

TO:

Divi	ision of Corporation	ıs						
SUBJECT:	ALOHA POKE, LL	С						
	Name of Limited Liability Company							
					ansact Business in Florida;" Certif y company to transact business in			
Please return	all correspondence of	concerning this matter to the	following:					
	Alejandro Diaz							
		N	ame of Person					
	Quick Bookkee	ping of Doral, LLC						
		Fi	rm/Company					
	7791 NW 46th	Street Suite # 109						
	<del></del>		Address					
	Doral, FL 3316	6						
		City/S	tate and Zip Code					
	alex@qbkaccour	iting.com .			. · ·			
•	<del></del>	E-mail address: (to be used	for future annua	report not	ification)	, ,		
For further in	formation concerning	g this matter, please call:						
Ale	jandro Diaz		954 at (	200190 )				
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number			
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301			
	check for the follow 125.00 Filing Fee	ing amount:  \$\Bigcup \text{\$\text{\$130.00 Filing Fee & Certificate of Status}}\$	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certifica of Status & Certified Copy	te		



June 24, 2016

ALEJANDRO DIAZ QUICK BOOKKEEPING OF DORAL, LLC 7791 NW 46TH STREET SUITE 109 DORAL, FL 33166

SUBJECT: ALOHA POKE, LLC Ref. Number: W16000045185

We have received your document for ALOHA POKE, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A00013364

SECRETANY OF STATE

/	IN FI	LORIDA	
	TION 6050902, FLORIDA STATUTES, THE F ISINESS IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REGISTER A	FOREIGN LIMITED LIABILITY
1	eign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al	" or "I I C ")	nsacting business in Florida. The alternate na	me must include "Limited
SAN DIEGO, CALIFO	RNIA 3.	81-2927978	
(Jurisdiction under the law company is organized) 06/15/2016 4.	of which foreign limited liability	(FEI number, if applicable	)
17738 SW 139th CT	(Date first transacted business in FI (See sections 605.0904 & 605.0905, I	orida, if prior to registration.) F.S. to determine penalty liability)	_
MIAMI, FL 33177			_
6	(Street Address of Principa	al Office)	
MIAMI, FL 33177			Am or
	(Mailing Address	3)	CRET AUS
7. Name and street addres  Name:	ss of Florida registered agent: (P.O. Box Alejandro Diaz (Quick Bookkeeping		SSEEFFLO
Office Address:	7791 NW 46th St Suite # 109		Di 2
	Doral	33166 Florida	10 m o
Registered agent's accep	(City)	(Zip code)	_
Having been named as reduced designated in this applicated in this applicate to comply with the provision accept the obligations of the control of the contr	gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the proper my position as registered agent.  (Registered agent acity and address of the person(s) who here	Process for the above stated limited liab is registered agent and agree to act in the and complete performance of my dutie ent's signature) as/bave authority to manage is/are:	is capacity. I further agree
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized. (If the certifica	duly authenticated by the official having te is in a foreign language, a translation of uthorized person	custody of records in the f the certificate under oath
This document is executed submitted in a document to	I in accordance with section 605.0203 (1 the Department of State constitutes a th KENIA OBERTO	) (b), Florida Statutes. I am aware that an aird degree felony as provided for in s.81°	y false information 7.155, F.S.

Typed or printed name of signee

## State of California

## Secretary of State

CERTIFICATE OF STATUS

77、250字成本,对媒形的 医外门的结核 原始分析人为代

ENTITY NAME: ALOHA POKE, LLC

FILE NUMBER:

201613910541

FORMATION DATE:

05/11/2016

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 22, 2016.

The second of th

ALEX PADILLA Secretary of State