

65607-011M



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2016

DONNA MARIE WALTERS
AUSLEY MCMULLEN

Resubmit

SUBJECT: NALANI LLC
Ref. Number: W16000066959

We have received your document for NALANI LLC and your check(s) totaling \$160.00. 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), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 516A00021392

RECEIVED
DIVISION OF CORPORATIONS
16 OCT -6 AM 11:09

AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560

Writer's Direct Line: (850) 425-5457

September 28, 2016

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Nalani LLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for **Nalani LLC**, a Delaware limited liability company. Also enclosed are the requisite certificate of existence from the Secretary of State of the State of Delaware and our check in the amount of:

| | | | |
|-----------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> \$125.00 | <input type="checkbox"/> \$130.00 | <input type="checkbox"/> \$155.00 | <input checked="" type="checkbox"/> \$160.00 |
| Filing Fee | Filing Fee & Certificate of Status | Filing Fee & Certified Copy (additional copy enclosed) | Filing Fee, Certified Copy & Certificate of Status (additional copy enclosed) |

Please do not hesitate to call me at (850) 425-5457 if you have any questions. I will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw

Enclosures

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016301.41023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2016

DONNA MARIE WALTERS
AUSLEY MCMULLEN

We have received your document for NALANI LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 605.0902, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 516A00020925

RECEIVED
16 OCT -4 AM 11:02
SUFFICIENCY OF FILING

**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:

1. NALANI 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.")
2. Delaware 3. 81-3634855
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. Upon qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 4708 Capital Circle NW
Tallahassee, Florida 32303-7217
(Street Address of Principal Office)
6. 4708 Capital Circle NW
Tallahassee, Florida 32303-7217
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Robert A. Pierce

Office Address: 123 South Calhoun Street
Tallahassee, Florida 32301-1517
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

s/Robert A. Pierce

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Behzad "Steve" Ghazvini, Manager, 4708 Capital Circle NW, Tallahassee, Florida 32303-7217

Mehran "Pete" Ghazvini, Manager, 4708 Capital Circle NW, Tallahassee, Florida 32303-7217

Jason Ghazvini, Manager, 4708 Capital Circle NW, Tallahassee, Florida 32303-7217

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

s/Jason Ghazvini

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

JASON GHAZVINI

Typed or printed name of signer

16 OCT -6 AM 8:52
DEPT OF STATE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NALANI LLC" IS DULY FORMED UNDER THE
LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2016.



6127246 8300

SR# 20165938500

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203060696

Date: 09-26-16