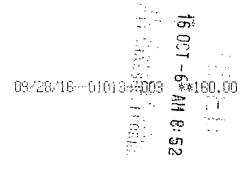
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FLORIDA DEPARTMENT OF STATE Division of Corporations

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), AuthorizedPerson (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

16 OCT -6 AM II: no

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:

□ \$125.00

□ \$130.00

□ \$155.00

\$160.00

Filing Fee

Filing Fee &

Filing Fee & Certified Copy

Filing Fee,

Certificate of Status

(additional copy enclosed)

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,

Donne Marie Walters, FRP

Florida Registered Paralegal

/dmw Enclosures

h \tax\rap\nalani ilc\tt\sos itr 20160928 nalani ilc fl auth.doc 016301.41023



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

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 L	imited Liability Company; must include "Lin	nited Liability Company," "L.L.C.," o	г "LLC.")		_
If name unavailable, enter alternati	e name adopted for the purpose of transactin	g business in Florida. The alternate na	me must in	 iclude "	 Limited
iability Company," "L.L.C," or "I		-			
Delaware	3	81-3634855	 		
(Jurisdiction under the law of wh company is organized)	ich foreign limited hability	(FEI number, if applicable	;)		
	Upon qualification	<u></u>	_		
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)			
i	4708 Capital Circle NW		_		
	Tallahassee, Florida 32303-72	17			
(Street Address of Principal Office)					
6. 4708 Capital Circle NW			_		
	Tallahassee, Florida 32303-72	17			
	(Mailing Address)		_		
. Name and street address of F	Florida registered agent: (P.O. Box NO	T acceptable)	4	<u> </u>	
Name:	Robert A. Pierce	_ ,	j-	пст	
Office Address:	123 South Calhoun Street			on.	
Office Madress.	Tallahassee	Florida 32301-1517	(*); 	=	- 1
	(City)	, Florida 32301-1517 (Zip code)	— (<u>—</u>)	စ္	, 14/Mg a
lesignated in this application, .		istered agent and agree to act in the complete performance of my dutie	his capaci	ity. I fi	urther agr
	s/Robert A. P		_		
	(Registered agent's s	ignature)			
8. The name, title or capacity a	and address of the person(s) who has/hav	e authority to manage is/are:			
Behzad "Steve" G	hazvini, Manager, 4708 Capital Circle N	NW, Tallahassee, Florida 32303-73	217		
Mehran "Pete" G	hazvini, Manager, 4708 Capital Circle N	JW, Tallahassee, Florida 32303-72	217	_	
Jason Ghazvi	ni, Manager, 4708 Capital Circle NW, T	Callahassee, Florida 32303-7217			
	istence, no more than 90 days old, duly ich it is organized. (If the certificate is it ted)				
	•	tt			
	s/Jason Ghaz Signature of an authoriz		-		
	coordance with section 605.0203 (1) (b), Department of State constitutes a third de	egree felony as provided for in s.81			ion
	JASON GHAZVINI				
	Typed or printed name of	f signee	-		

Page 1

Delaware The First State

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.

Authentication: 203060696

Date: 09-26-16

6127246 8300 SR# 20165938500