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April 26, 2019

BRUCE BRODKIN 7131 MAKAA ST. HONOLULU, HI 96825

SUBJECT: CASA KAI, LLC Ref. Number: W19000041036

We have received your document for CASA KAI, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$916.25.

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) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 319A00008437

RECEIVED MAY 1 0 2019 Section of the sectio

www.sunbiz.org

COVER LETTER

TO: Registration Section

Division of Corporations			
SUBJECT: CASA KAI LLC Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please return all correspondence concerning this matter to the following:			
BRUE BRODKIN Name of Person			
CASA KAI CC Firm/Company			
7131 MAKAA ST. Address			
HONDLY LY, HI 96825 City/State and Zip Code			
City/State and Zip Code Drodkining Commil com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
BRUCE BRODIE 1 at (808) 778-1110 Name of Contact Person Area Code Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee. FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certificate of Status} \Bigcup \text{\$155.00 Filing Fee & S160.00 Filing Fec. Certificate of Status & Certified Copy} \Bigcup \text{\$0f Status & Certified Copy}			

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. (Name of Foreign	Limited Liability Company; must include "Limited	d Liability Company" "L. L.C.," or "LLC.")	
-		rida. The alternate name must include "Limited Liability Compan	
(If name unavailable, enter alternate na	ime adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Ermited Liability Compan	y," "L.L.C," or "LLC.")
2. Jurisdiction under the law of wh	Sch Poreign limited liability company is organized)	3. $\frac{\sqrt{7} - 508}{\text{(Fill number, if applicate)}}$	nle)
4. (0)	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)	
	VALAA ST.	6. 13 (Mailing Address)	.72.
Honory	n H1 96825	HONOLYLU HI	968-5
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	JOHN D. EL-		gala sign
Office Address:	81927 OVERS	EAS Hwy	<u> </u>
	ISLAMORADA (City)	, Florida <u>3303</u> (. 97
designated in this applicat	istered agent and to accept service of pion, I hereby accept the appointment a	process for the above stated limited liability of sregistered agent and agree to act in this call and complete performance of my duties, and	company at the place pacity. I further agn
	of my position as registered agent.	and the second performance of my martes, and	: <i>y</i>

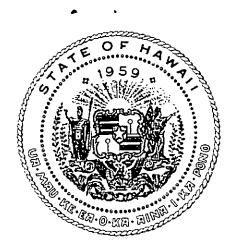
(Registered agent's signature)

Name and Address: Title or Capacity: MANAGINEMENBOR yen HI 96825 (Use attachments if necessary) 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) 10. 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.

Signature of an authorized person

BRUCE BRODKIN Typed or printed name of signee

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



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department.

CASA KAI LLC

was organized under the laws of the State of Hawaii on 09/10/2015; that it is an existing limited liability company in good standing and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: April 04, 2019

Cathini. P. Qual: Colh

Director of Commerce and Consumer Affairs