

M 19000005927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

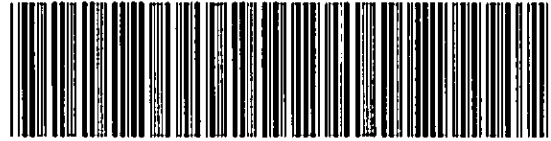
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/06/19--01030--032 \*\*25.00

06/18/19--01030--041 \*\*25.00

FILED  
2019 JUN 17 AM 9:35  
SECRETARY OF STATE  
HALL ABASSISTANT CLERK

JUN 19 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 28, 2019

KERMIT RYDELL  
PO BOX 10051  
HONOLULU, HI 96816

SUBJECT: DFY PROPERTIES LLC  
Ref. Number: W19000044992

We have received your document for DFY PROPERTIES LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00.

Please accept my sincere apologies that due to my oversight there is an additional \$25.00 for the filing. The filing fee is \$125.00, and we have received the original \$25.00 plus the recently received \$75.00 for the filing. I neglected to see that the rejection should have been for \$100.00 and not \$75.00. Please submit \$25.00 to complete the \$125.00 required filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 219A00010630

RECEIVED

JUN 17 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DFY PROPERTIES LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:

KERMIT RYDELL

Name of Person

Firm/Company

P.O. Box 10051

Address

HONOLULU, HI 96816-0051

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KERMIT RYDELL

Name of Contact Person

at ( 808 )

Area Code

227-0150

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee. Certificate  
of 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. DFY PROPERTIES LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. HAWAII  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-4557710  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 140 ISLAND WAY  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

SUITE 113

CLEARWATER BEACH, FL

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

Name: CITRAVEST MANAGEMENT LLC

Office Address: 140 ISLAND WAY #113

CLEARWATER BEACH

(City)

Florida 33767

(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.

(Registered agent's signature)

SECRETARY OF STATE  
JAIL ABASSEH-HADIM

2019 JUN 17 AM 9:35

FILED

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

☒ Manager

Name: KERMIT RYDELL

☒ Member

Address: P.O. Box 10051

☐ Authorized

HONOLULU, HI

Person

96816

☐ Other

☐ Other

☐ Manager

Name: PAMELA S. RIEF

☒ Member

Address: 1272 22<sup>nd</sup> ROAD

☐ Authorized

WEST POINT, NE

Person

68788

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other

☐ Other

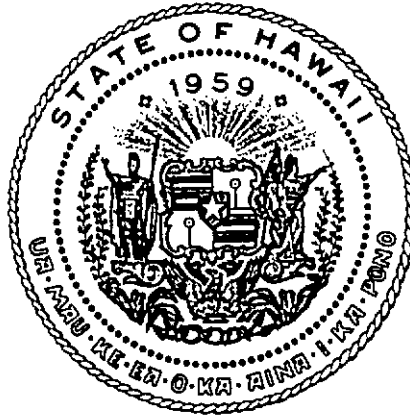
**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Kermit Rydell  
Signature of an authorized person

KERMIT RYDELL  
Typed or printed name of signer



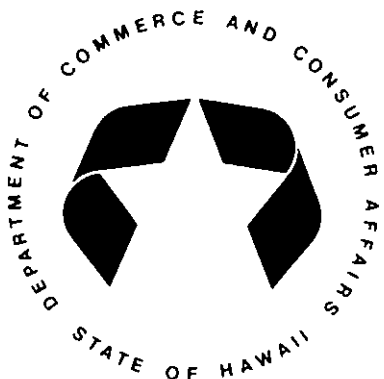
## Department of Commerce and Consumer Affairs

### 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,

**DFY PROPERTIES LLC**

was organized under the laws of the State of Hawaii on 04/26/2019 ;  
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: May 14, 2019

Director of Commerce and Consumer Affairs