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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

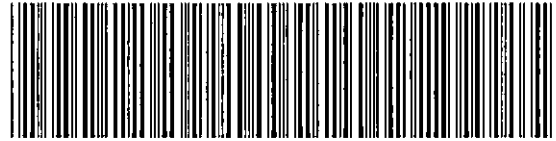
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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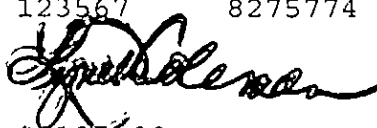
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2020 JAN -7 14 10:55
FILING, SEC. 109110

2020 JAN -7 14 9:25

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JAN 08 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 123567 8275774
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : January 6, 2020
ORDER TIME : 9:33 AM
ORDER NO. : 123567-005
CUSTOMER NO: 8275774

FOREIGN FILINGS

NAME: NAKUPUNA SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62969

EXAMINER: _____

2020 JAN 7 11:06 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nakupuna Solutions, 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:

Michael Fogle

Name of Person

Nakupuna Solutions, LLC

Firm/Company

251 18th St. S., Suite 600

Address

Arlington, VA 22202

City/State and Zip Code

mfogle@nakupuna.com

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

For further information concerning this matter, please call:

Michael Fogle

703

310-7774

Name of Contact Person

at (_____) _____

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:

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

2023 JUN -8 PM 9:25

**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. Nakupuna Solutions, 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. Virginia 3. 82-3673625
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 251 18th St. S., Suite 600 6. 251 18th St. S., Suite 600
(Street Address of Principal Office) (Mailing Address)
Arlington, VA 22202 Arlington, VA 22202

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

By: Roxanne Turner Roxanne Turner
(Registered agent's signature) Asst. Vice President

2020 JUN 11 PM 9:25

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: Michael Fogle
☒ Member Address: 251 18th St. S., Suite 600
☐ Authorized Arlington, VA 22202
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Jason Greenawalt
☒ Member Address: 251 18th St. S., Suite 1005
☐ Authorized Arlington, VA 22202
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Nakupuna Foundation
☒ Member Address: 3375 Koapaka Street, Suite C32
☐ Authorized Honolulu, HI 96819
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Suzanne McDonald
☒ Member Address: 251 18th St. S., Suite 600
☐ Authorized Arlington, VA 22202
Person _____
☐ Other _____ ☐ Other _____

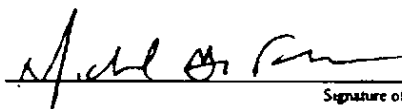
☒ Manager Name: Cariann Ah Loo
☒ Member Address: 3375 Koapaka St., Suite B200
☐ Authorized Honolulu, HI 96819
Person _____
☐ Other _____ ☐ Other _____

☐ 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.



Signature of an authorized person

Michael Fogle

Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

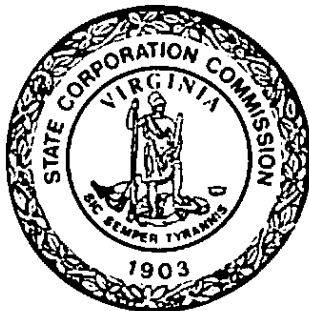
I Certify the Following from the Records of the Commission:

That Nakupuna Solutions, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on November 30, 2017; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

January 6, 2020

Joel H. Peck

Joel H. Peck, Clerk of the Commission

2020 JAN 7 11:09:25