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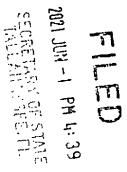
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Letter

COVER LETTER

TO:	Registration Section Division of Corporations	·	ħ
SUBJ	Shichinin, LLC		
3003		Name of Limited Liability Company	-
The er Existe	nclosed "Application by Foreign Limited Liabi nce, and check are submitted to register the ab	ility Company for Authorization to Transact Business in Florida, pove referenced foreign limited liability company to transact busi	" Certificate of ness in Florida.
Please	return all correspondence concerning this mat	tter to the following:	
	Mark Mukai, Esq.		
		Name of Person	,
	Commerce Law Corporation		
		Firm/Company	2021
	4954 Kahala Avenue		
	Address		- 1
	Honolulu, HI 96816	 	ED PH 4: 39
		City/State and Zip Code	+. ယ
	mark@clawcorp.com	ra .	9
	E-mail address: (i	to be used for future annual report notification)	
For fur	ther information concerning this matter, please	se call:	
	Mark Mukai, Esq.	808 931-6464 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
	Enclosed is a check for the following amour Please make check payable to: FLORIDA I	DEPARTMENT OF STATE	
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Certifica	g Fee & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee. ate of Status Certified Copy of Status & Cert	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Flor	ida The	alternate name must include "Limited Liab	ulity Compan	y," "I. I. C.	." or "1.1.0
State of Delaware		3.	20-4858348			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	•	(FEI number	, if applicable	ī <u> </u>	
Not applicable (no bus	iness transacted in Florida prior to registra			SEO!	2021 JUN	PC19-4
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration penalty	n.) Hiability)		Ē	
2029 Okeechobee Blve		6.	2029 Okeechobee Blvd #100	9 = ; = ;	1	
rect Address of Principal Office)			(Mailing Address)	E00	PH	harmen P p
West Palm Beach, FL (33409		West Palm Beach, FL 33409	THS	두.	*****
				rn	- 3 9	
Name and street addres	s of Florida registered agent: (P.O. Box	<u> TON</u>	acceptable)			
Name:	Legaline Corporate Services Inc.		<u></u>			
Office Address:	5237 Summerlin Commons, Suite 400					

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.

Wesley Dolan Director of Operations
(Registered agent's signature)

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]:

□Manager Name: CO	Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
■Member Address: Member Address: ■Authorized Person Person Other	■Manager	Name: Mark Mukai	□Manager	Name:	
Authorized West Palm Beach FL 33409 Authorized	■Member	Address: 2029 Okeechobee Blvd #1009	□Member	Address:	
□Other	■Authorized	West Palm Beach FL 33409	□Authorized		
□Manager Name: □ S □Member Address: □ Member □Authorized □ Authorized □ Authorized □Person □ Other □ Other □ Other □ Manager Name: □ Member Address: □ Member Address: □ Authorized □ Person □ Authorized □ Person □ Person	Person		Person		
Authorized	□Other	Other	Other		□Other
Authorized	□Manager	Name:	□Manager	Name:	20 <u>2</u>
Authorized	□Member	Address:	□Member	Address:	
Person	□Authorized		□Authorized		-
□Other □	Person		Person		reconstruction of the second
□Member Address: □Authorized □Authorized Person Person	Other	Other	□Other		ر⊟ Öther <u>ر.ي</u>
Person Person	□Manager	Name:	□Manager	Name:	
Person Person	□Member	Address:	□Member	Address:	
	□Authorized		□Authorized		
□Other □Other □Other	Person		Person		
	□Other	□Other	□Other		□Other

<u>Important Notice:</u> 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.

Mark M	<u></u>	
	Signature of an authorized person	
Mark Mukai		
	Exped or printed name of signee	

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SHICHININ, 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 THIRTIETH DAY OF APRIL, A.D. 2021.

2021 JUN - 1 PH 4: 39 SECRETARY OF STATE

Authentication: 203104522

Date: 04-30-21