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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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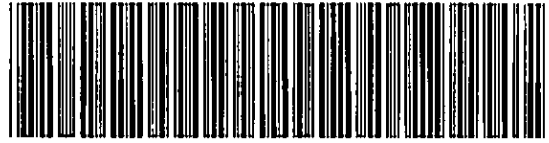
(Business Entity Name)

(Document Number)

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S. ROBERTS

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Plumeria 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:

Karen Thrower  
Name of Person

Firm/Company

2600 N Flagler Apt. 205  
Address

West Palm Beach FL 33407  
City/State and Zip Code

Karenthrower@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Thrower at ( 808 ) 651-9296  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Plumeria Properties LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Plumeria Properties of Florida 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. Hawaii  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(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. 2600 N Flagler  
(Street Address of Principal Office)

6. 2600 N Flagler  
(Mailing Address)

Apt. 205

Apt. 205

West Palm Beach FL 33407

West Palm Beach FL

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

Name: Karen Thrower

Office Address: 2600 N Flagler Apt 205

West Palm Beach, Florida 33407  
(City) (Zip code)

33407  
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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.

Karen Thrower

(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]:

**Title or Capacity:**                      **Name and Address:**  
 Manager      Name: Karen Thrower  
 Member      Address: 2600 N Flagler  
 Authorized      Apt. 205  
Person      West Palm Beach FL  
 Other \_\_\_\_\_                       Other \_\_\_\_\_ 33407

**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 \_\_\_\_\_

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)

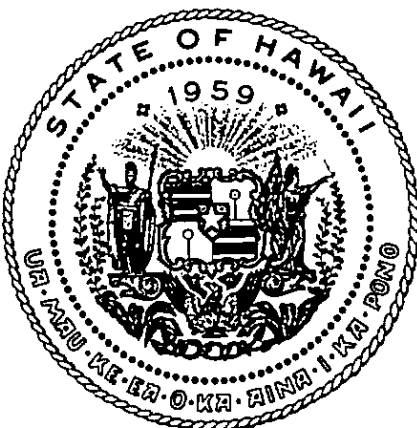
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Karen Thrower

Signature of an authorized person

Karen Thrower

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.

PLUMERIA PROPERTIES LLC

was organized under the laws of the State of Hawaii on 08/26/2010 ; 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: February 05, 2022

*Cathleen P. Owaiki-Cole*

Director of Commerce and Consumer Affairs