M22000003994

(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



500382437915

2022 MAR 16 PM 4: 34

2022 MAR | 6 AM | 11:3

RECEIVED

S. FRANKLING MAR 17 2022 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :

COST LIMIT : \$ 125.00

AUTHORIZATION

ORDER DATE: March 15, 2022

ORDER TIME : 9:17 AM

ORDER NO. : 551962-005

CUSTOMER NO: 8275773

5055501 577 7110

FOREIGN FILINGS

NAME: NAKUPUNA CONSULTING, 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: Alexxis Weiland -- EXT#

EXAMINER:

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of paragacting outsiness in rior	rida. The alternate name must include "Limited Lic	ability Company," "L L C," or "I	.LC.")
VA 2		84-4180355 3.		
(Jurisdiction under the law of which foreign limited hability company is organized)		(FEI number, if applicable)		
March 14, 2022 4.				
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determine	gistration) penalty liability)		
251 18th St. S		6. (Mailing Address)		
(Street Address of Principal Office)		(Mailing Address)		
STE 1005		STE B200	2022	
Arlington, VA 22202		Honolulu, HI 96819	2022 MAR 1 5	
7. Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	N <u>OT</u> acceptable)	CS PR	ς.
Name:	Corporation Service Company		1 4: 34 5: F. 1: 34	
Office Address:	1201 Hays Street			
	Tallahassee	32301 , Florida		
	(City)	(Zip code)		

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.

Corporation Service Company

By: Weight assistant va president

(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: Title or Capacity: Name and Address: Name: _ Name: Michael Fogle □Manager □ Manager 251 18th St. S 251 18th St. S Address: **■**Member ■Member STE 1005 STE 1005 ☐ Authorized □ Authorized Arlington, VA 22202 Arlington, VA 22202 Person Person □Other □ Other_____ □Other__ Other Jason Greenawalt Name: Cariann Ah Loo □Manager □Manager 251 18th St. S Address: _ 3375 Koapaka St. Address: **■**Member **■**Member STE 1005 STE 1005 □ Authorized □ Authorized Honolulu, HI 96819 Arlington, VA 22202 Person Person □Other_____ □Other Other Name: ____ □Manager □Manager □Member Address: □Member □ Authorized □ Authorized Person Person □Other □Other_____ □Other_____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Suranne McDonald Signature of an authorized person Suzanne McDonald

Typed or printed name of signee

Commonboealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Nakupuna Consulting, 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 December 30, 2019; 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.

ORATION COLUMNS SION 1903

Signed and Sealed at Richmond on this Date:

March 15, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2022031517049524