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Special Instructions to F	Filing Officer:	
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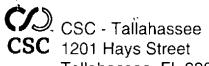
Office Use Only



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S. ROBERTS AUG 0 3 2023



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 08/02/23

Order #: 1241237-3

Re: Red Maka KOA Vessel LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority Amount to be deducted from our State Account: \$125.00 - FL State Account Number: 120000000195

AUTH

Please take the following action:

File in your office on basis/

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	RED Maka Koa Vessel LLC		
		Name of Limited Liability Company	
The enclose Existence, a	ed "Application by Foreign Limited Liab and check are submitted to register the al	bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.	
Please retur	n all correspondence concerning this ma	ntter to the following:	
	Kendall Williamson		
		Name of Person	
	RED Hospitality		
		Firm/Company	
	255 Margaret St		
		Name of Person Name of Person Py Firm/Company St Address 33040 City/State and Zip Code spitality.co E-mail address: (to be used for future annual report notification) g this matter, please call: at (
	Key West, FL 33040		
		City/State and Zip Code	
	kendall@redhospitality.co		
	E-mail address:	(to be used for future annual report notification)	
For further i	information concerning this matter, plea	se call:	
Ke	endall Williamson		
	Name of Contact Person		
	ailing Address: egistration Section	 	
Di	vision of Corporations	Division of Corporations	
	O. Box 6327	The Centre of Tallahassee	
Та	llahassee, FL 32314	·	
Ple	\$125.00 Filing Fee	DEPARTMENT OF STATE ng Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate	
	Certitie	cate of Status Certified Copy 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:

			Company," "L.L.C," or "LL	
Delaware		92-0976212		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)		
N1/A				
N/A				
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration) - penalty liability)		
1455 S Kihei Ste 201		255 Margaret St.		
cet Address of Principal Office)		6. (Mailing Address)		
Kihei, Hl 96753		Key West El 22040		
Kinei, Hi 96/53		Key West, FL 33040	20	
			23:	
			1 3	
Name and street address	of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	 3	
			:- ज़	
	Corporation Service Company		c r i	
Name:			. ;;	
0.05	1201 Hays Street			
Office Address:	 -			
	Tallahassee	32301		
	(City)	Florida (Zip code)		

(Registered agent's signature)

By:

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: ____ □Manager Name: _____ □Manager □Member Address: Address: □ Member Kendall Williamson Chris Batchelor **■** Authorized **■**Authorized 255 Margaret St, Key West, FL 33040 255 Margaret St, Key West, FL 33040 Person Person □Other____ □Other_____ □Other____ □Other__ □Manager Name: ___ □ Manager Name: _____ □Member Address: ______ □Member Address: ☐ Authorized ☐ Authorized Person Person Other____ □Other □Other____ □Other Name: ____ Name: □Manager □ Manager □ Member Address: 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. Kendall Williamson Signature of an authorized person

Typed or printed name of signee

Kendall Williamson



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

DELAWARE, DO HEREBY CERTIFY "RED MAKA KOA VESSEL 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 TWENTY-SIXTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RED MAKA KOA"

VESSEL LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203834304

Date: 07-26-23