

M 23000012726

(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



300416180723

09/22/23--01025--007 **155.00

2023 OCT 4 10 30 AM

S 103
OCT -4 2023

COVER LETTER

TO: Registration Section
Division of Corporations

D7, LLC
SUBJECT:

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:

Dawna Smith

Name of Person

D7, LLC

Firm Company

112 E. Pecan Street, Suite 300

Address

San Antonio, TX 78205

City, State and Zip Code

dsmith@dawsonohana.com

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

For further information concerning this matter, please call

Dawna Smith

808

630-9189

Name of Contact Person

at (_____) _____
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

☐ \$120.00 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 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. D7, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Dawson D7 LLC

(If name is available, 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 3. 26-3949635
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/31/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.09(1) & 605.09(3), F.S., to determine penalty liability)

5. 243 Southwood Drive 6. 112 E. Pecan Street, Suite 300
(Street Address of Principal Office) (Mailing Address)

Panama City, FL 32405 San Antonio, TX 78205

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

Name: Aktarius LLC

Office Address: 243 Southwood Drive

Panama City, Florida 32405
(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.

Michael Gelwick
(Registered agent's signature)

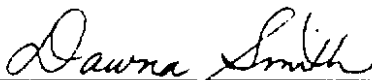
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name Hawaiian Native Corporation	<input type="checkbox"/> Manager	Name: Dawna Smith
<input type="checkbox"/> Member	Address: 900 Fort Street Mall, Ste 1850	<input type="checkbox"/> Member	Address: 900 Fort Street Mall, Ste 1850
<input type="checkbox"/> Authorized	Honolulu, HI 96813	<input checked="" type="checkbox"/> Authorized	Honolulu, HI 96813
Person	Allen Hoe, Chairman	Person	Director, Federal Compliance
<input type="checkbox"/> Other	Other	<input type="checkbox"/> Other	Other
<input type="checkbox"/> Manager	Name: David Johnson	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3515 Brighton Blvd, Ste 600	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Denver, CO 80216	<input type="checkbox"/> Authorized	_____
Person	CEO	Person	_____
<input type="checkbox"/> Other	Other	<input type="checkbox"/> Other	Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	Other	<input type="checkbox"/> 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.

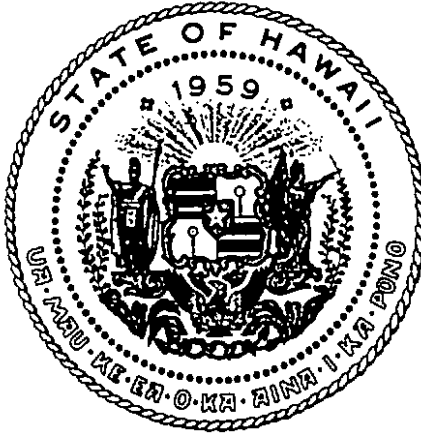
10. This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Dawna Smith, Director, Federal Compliance

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,

D7, LLC

was organized under the laws of the State of Hawaii on 01/09/2009 ;
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: September 15, 2023

Director of Commerce and Consumer Affairs