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(City/State/Zip/Phone #)

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2024 APR -2 PM 4:42

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: International Archacology, 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:

Rona Ikehara

Name of Person

International Archacology, LLC

Firm/Company

2081 Young Street

Address

Honolulu, HI 96826-2231

City/State and Zip Code

rikehara@internationalarchacologyllc.com

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

For further information concerning this matter, please call:

Rona Ikehara

808

946-2548 ext. 103

at (_____) _____

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



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2024

RONA IKEHARA
2081 YOUNG STREET
HONOLULU, HI 96826-2231 US

SUBJECT: INTERNATIONAL ARCHAEOLOGY, LLC
Ref. Number: W24000044414

We have received your document for INTERNATIONAL ARCHAEOLOGY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 524A00005953

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APR 02 2024

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. International Archaeology, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 46-3540040
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

(future date: January 1, 2024)
4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2081 Young Street 2081 Young Street
(Street Address of Principal Office) (Mailing Address)
Honolulu, Hawaii 96826-2231 Honolulu, Hawaii 96826-2231

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

Name: Rona M. Ikehara
Office Address: 2350 Phillips Road Apt 3307
Tallahassee, Florida 32308
(City) (Zip code)

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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.

Rona M. Ikehara

(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:	Rona M. Ikehara		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	International Archaeology, LLC		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		2081 Young Street		<input type="checkbox"/> Authorized			
Person		Honolulu, HI 96826-2231		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

Rona M. Ikehara

Signature of an authorized person

Rona M. Ikehara

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,

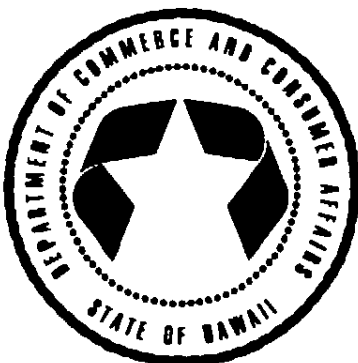
INTERNATIONAL ARCHAEOLOGY, LLC

was organized under the laws of the State of Hawaii on 08/27/2013 ; 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: March 28, 2024

Director of Commerce and Consumer Affairs



I HEREBY CERTIFY that this is a true and correct copy of the official record(s) of the Business Registration Division.	
	 DIRECTOR OF COMMERCE AND CONSUMER AFFAIRS
Date: <u>March 28, 2024</u>	