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M. SOLOMON
JUN 20 2024

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Kona Investments 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:

Jasen Cross
Name of Person

Kona Investments LLC
Firm/Company

9601 39th St S
Address

Fargo, ND 58104
City/State and Zip Code

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

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For further information concerning this matter, please call:

Kealy Pierce at (701) 893-8217
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. Kona Investments LLC
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C." or "LLC.")

Kona Investments ND 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. North Dakota
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 99-3259790
(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. 9601 39th STS
(Street Address of Principal Office)
Fargo, ND 58104

6. 9601 39th STS
(Mailing Address)
Fargo, ND 58104

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DIVISION OF CORPORATIONS

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

Name: Josie Weston

Office Address: 30809 Witters Ln

Big Pine Key (City), Florida 33043 (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.

Josie Weston
(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:
☐Manager	Name: Jasen Cross	☐Manager	Name: Kealy Pitrie
☒Member	Address: 9601 39th St S	☒Member	Address: 9601 39th St S
☐Authorized	Fargo, ND 58104	☐Authorized	Fargo, ND 58104
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other

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TALLAHASSEE, FLORIDA

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

Jasen Cross

Typed or printed name of signee

NORTH DAKOTA
SECRETARY OF STATE
MICHAEL HOWE

MICHAEL HOWE
SECRETARY OF STATE
600 E. BOULEVARD AVENUE, DEPT. 108
BISMARCK, ND 58505-0500
SOS.ND.GOV

Kona Investments LLC
JASEN CROSS
9601 39TH ST S
FARGO, ND 58104-7830

May 28, 2024

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

SOS Control ID#:	**0006684908**		
Filing Type:	**Limited Liability Company - Business - Domestic**		
Received Date:	05/23/2024	Issued Date:	05/28/2024
Status:	Active	Effective Date:	06/01/2024
Duration Term:	Perpetual	Image ID:	B0686-0719
Annual Report Due Date:	11/17/2025	Receipt ID:	003200352

Registered Agent Name and Address:

JASEN CROSS
9601 39TH ST S
FARGO, ND 58104-7830

Principal Address:

JASEN CROSS
9601 39TH ST S
FARGO, ND 58104

Congratulations on the successful filing of your **North Dakota Business Limited Liability Company Articles of Organization** for **Kona Investments LLC** in the state of North Dakota which is effective on the Effective Date above. Please visit North Dakota's New Business Registration website (www.nd.gov/businessreg) for other information that may be helpful for a new business.

You must file an annual report with this office on or before the Annual Report Due Date noted above and maintain a registered agent in North Dakota. Failure to do so will result in the dissolution or revocation of the business.

Michael Howe

Michael Howe
Secretary of State