Fa400003553

(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



500427993335

08/19/24--01022--004 **87.50

FILED

[NJC 19 PN 3: 23

T. LEMIEUX

JUL 0 2 2024

COVER LETTER

:

TO:	Registration Section Division of Corporations			
SUBJ	ECT: ALOHA Collection Inc			
5000		corporation -	must include suffix	_
Dear S	ir or Madam:			
"Certif		f Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.	
Please	return all correspondence concerning	g this matter t	o the following:	
Kristyr	n Hatheock			
	•	Name of P	erson	_
HO.IA	A Collection Inc			
		Firm/Comp	any	_
687 S (Coast Hwy 101, Suite 310			
		Addres	S	_
Encinit	tas, CA 92024			
		City/State and	l Zip code	_
accoun	ting@aloha-collection.com			
	E-mail address: (to be used fo	r future annual report notification)	
For fur	rther information concerning this mat	ter, please ca	11:	
Kristyr	n Hathcock a	760 L(207-1419	
	Name of Person	Area Code	Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please i	ed is a check for the following amount make check payable to: FLORIDA DEF 0.00 Filing Fee	PARTMENT (Fee &	DF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Statu Certified Copy	s &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ALOHA Collec	ction			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	
Deleware	3	92-1883329		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
12/19/2022	5.			
(Date of incorporation)		(Date of duration, if other th	nan perpetual)	
<u> </u>	(Date first transacted business i			
s87 S Coast Hwy	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability	y)	
587 S Coast Hwy	(SEE SECTIONS 607.1501 & 607.1 v 101, Suite 310, Encinitas, CA 92024	502, F.S., to determine penalty liability	y)	
587 S Coast Hwy	(SEE SECTIONS 607.1501 & 607.1 v 101, Suite 310, Encinitas, CA 92024		y)	
987 S Coast Hwy	(SEE SECTIONS 607.1501 & 607.1 y 101, Suite 310, Encinitas, CA 92024 (Principal off	502, F.S., to determine penalty liability ice street address)		
987 S Coast Hwy	(SEE SECTIONS 607.1501 & 607.1 y 101, Suite 310, Encinitas, CA 92024 (Principal off	502, F.S., to determine penalty liability		πτ.
	(SEE SECTIONS 607.1501 & 607.1 y 101, Suite 310, Encinitas, CA 92024 (Principal off	502, F.S., to determine penalty liability ice <u>street</u> address) ng address, if different)		-T,
Name and <u>stre</u>	(SEE SECTIONS 607.1501 & 607.1 y 101, Suite 310, Encinitas, CA 92024 (Principal off (Current mailii	502, F.S., to determine penalty liability ice <u>street</u> address) ng address, if different)	<u></u>	Tr.
	(SEE SECTIONS 607.1501 & 607.1 y 101, Suite 310, Encinitas, CA 92024 (Principal off (Current mailing et address of Florida registered agent: (P.C.) Heather Aiu	502, F.S., to determine penalty liability ice <u>street</u> address) ng address, if different)	5. T.J. 19 PH	TIMU
Name and <u>stre</u> Name:	(SEE SECTIONS 607.1501 & 607.1 y 101, Suite 310, Encinitas, CA 92024 (Principal off (Current mailinet address of Florida registered agent: (P.C.)	502, F.S., to determine penalty liability ice <u>street</u> address) ng address, if different)	5 T.C.A 19 PH 3:	TIMU
Name and stree	(SEE SECTIONS 607.1501 & 607.1 y 101, Suite 310, Encinitas, CA 92024 (Principal off (Current mailing et address of Florida registered agent: (P.C.) Heather Aiu	502, F.S., to determine penalty liability ice <u>street</u> address) ng address, if different)	5. T.J. 19 PH	T. F.

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS					
□Chairman	Name: Heather Aiu	□Chairman	Rachael Soares Name:		
□Vice Chairman	Address:	□Vice Chairman	Address: 687 S Coast Hwy 101, Suite 310		
□Director	Encinitas, CA 92024	□Director	Encinitas, CA 92024		
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	■ Secretary	☐ Treasurer		
☐Other	□Other	□Other	□ Other		
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □CFO ■Other	Debra Ryan Name: 687 S Coast Hwy 101 Address: Suite 310 Encinitas, CA 92024 □Treasurer □Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	☐ Treasurer		
□Chairman	Name:	□ Chaitman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		President			
□Vice President		□Vice President			
☐ Secretary	☐ Treasurer	□ Secretary	□Treasurer		
□Other	Other	□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. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Debra Ryan					

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ALOHA COLLECTION, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF MAY, A.D. 2024.



Authentication: 203597090

Date: 05-30-24

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: ALOHA Collection Inc				
		of corpo	oration - m	ust include suffix	
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Concate of Existence," or "Certificate referenced foreign corporation to the component of the corporation of the co	of Goo	d Standing	" and check are submit	usiness in Florida," ted to register the
Please	return all correspondence concern	ing this	matter to t	ne following:	
Kristyn	i Hathcock				
		Na	me of Pers	on	
ALOH	A Collection Inc				
		Firr	n/Compan	/	
687 S C	Coast Hwy 101, Suite 310				
			Address		
Encinit	as, CA 92024				
		City/S	State and Z	ip code	
account	ting@aloha-collection.com				
	E-mail addres	s: (to be	used for fi	ture annual report notif	fication)
For fur	ther information concerning this n	natter, p	lease call:		
Kristyn	Hathcock	760 at (, ?	07-1419	
	Name of Person		a Code	Daytime Telephon	e Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 819 Tallahassee, FL 32303			MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Please n	ed is a check for the following ammake check payable to: FLORIDA D .00 Filing Fee	EPARTI ig Fcc &	: □ \$7		\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ALOHA Collec			_
		opted for the purpose of transacting business in Florida))
Deleware	$\frac{9}{3}$, y under the law of which it is incorporated)	2-1883329	
12/10/2022		(FEI number, if applicable) (Date of duration, if other than perpetual)	
			_
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liability)	_
687 S Coast Hwy	101, Suite 310, Encinitas, CA 92024		
	(Principal office	street address)	_
			-
	(Current mailing a	nddress, if different)	
Name and stree	·		
Name and stree	(Current mailing a set address of Florida registered agent: (P.O. lands) Heather Aiu	Box NOT acceptable)	
Name:	et address of Florida registered agent: (P.O. I Heather Aiu DS/The Landing - 1600 Buena Vista Drive	Box NOT acceptable)	
Name:	et address of Florida registered agent: (P.O. I Heather Aiu DS/The Landing - 1600 Buena Vista Drive	Box NOT acceptable)	7
	et address of Florida registered agent: (P.O. I Heather Aiu DS/The Landing - 1600 Buena Vista Drive	Box NOT acceptable)	
Name:	et address of Florida registered agent: (P.O. I Heather Aiu DS/The Landing - 1600 Buena Vista Drive	Box NOT acceptable) Florida 32830 (Zip code)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

(Registered agent's signature)

A. DIRECTORS					
□Chairman	Heather Aiu Name:	□ Chairman	Name: Rachael Soares Name: 687 S Coast Hwy 101, Suite 31 Address:		
□Vice Chairman	Address:	□Vice Chairman			
Director	Encinitas, CA 92024	□Director	Encinitas, CA 92024		
□President		□ President	•		
□Vice President		□ Vice President			
☐ Secretary	□Treasurer	Secretary	☐ Treasurer		
CEO	Other	Other	□Other		
□Chairman □Vice Chairman □Director	Debra Ryan Name: 687 S Coast Hwy 101 Address: Suite 310	□Chairman □Vice Chairman □Director			
□President	Encinitas, CA 92024	President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer		
■Other CFO	Other	Other	Other		
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		Director			
□President		□President			
□Vice President		□ Vice President			
□Secretary	☐ Treasurer	☐ Secretary	□Treasurer		
Other	Other	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. Debra Ryan					
	Signature of Director or	Officer			
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Debra Ryan					

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ALOHA COLLECTION, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF MAY, A.D. 2024.

Authentication: 203597090

Date: 05-30-24