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LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

To register an LLC from another state or country in California, fill out this form, and submit for filing along with:

- A \$70 filing fee,
- A certificate of good standing from the agency where your LLC was formed originally, and
- A separate, non-refundable \$15 service fee, if you drop off the completed form.

Important! LLCs in California may have to pay a minimum \$800 yearly tax to the Franchise Tax Board.

LLCs that provide professional services cannot register in California.

In the Office of the Secretary of State of the State of California

APR 2 3 2012

This Space For Office Use Only

	For o	uestions about this form, go	to www.sos.ca.gov/business/be/filing	g-tips.htm	•
Na		for this LLC in California	·		
	S DEVELOPMEN	IX	EVELOPALIENT LL	C.	• •
_	proposed LLC name		ust end with: "LLC," "L.L.C.," "Limited Liabili	ty Company " "I im	ited Liability
,	proposed EEO name	Co.," "Ltd. Li:	ability Co." or "Ltd. Liability Company;" and morporated," "inc.," "corporation," or "corp.," "ins	nay not include: "ba	ank," "trust,"
LI	LC History				
a.		d standing), list the complete LL	s different than the LLC name you u C name used now:	se now (as list	ed on you
b.	Date your LLC w	as formed (MM, DD, YYYY):	OCTOBER 20,	2011	···
C.	State or country where your LLC was formed:		HAWAII		
d.					
S	ervice of Proces			-	
. pr	ocess in case your		tion in California that agrees to be you dult who lives in California. You may no ion.		
a.	Agent's name:	CHARLES SOMERS			
b.	Agent's address:	5241 ARNOLD AVENUE	MCCLELLAN	CA	95652
		Street address (if agent is not a corp	poration) city (no abbreviations)	state zi	ip
of	State will be appoi	ove has resigned or cannot be finded the agent for service of pro	found or served after reasonable attempless for your LLC.	pts, the Californi	a Secretary
	LC Address				
a.	List address for your LLC's headquarters:				
	5241 ARNOLD	AVENUE	MCCLELLAN	CA	95652
			city (no abbreviations)	state zip)
b.		our LLC's main office in Califor	· · · · · · · · · · · · · · · · · · ·		
	5241 ARNOLD	AVENUE	MCCLELLAN	CA	95652
	Street address		city (no abbreviations)	state zi	i p
R	ead and sign below:				
co	declare that I am thountry where this LL	ne person who signed this form .C was formed.	, and that I am authorized to do so un	der the laws of	the state or
•	-Rhi		10/26/2011		
	Sign here		Date		
9	HARLES SOMER	rś/	MEMBER		
T	Print your name here		Your business title		
ke cl	heck/money order pa	ayable to: Secretary of State	By Mail	Drop-Off	
	give you up to 2 fre	-	Secretary of State	Secretary of State	
ır file	ed form if you submit	up to 2 completed	Business Entities, P.O. Box 944228	1500 11th St., 3rd Floor	
pies d	pies of this form (with all attachments).		Sacramento, CA 94244-2280	Sacramento, CA 95814	



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,

CS DEVELOPMENT LLC

was organized under the laws of the State of Hawaii on 10/20/2011; 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: October 24, 2011

Director of Commerce and Consumer Affairs