FILED_04/01/2022 09:54 AM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii

STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS Business Registration Division

335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

ADDRESS CHANGE FORM

| Re: NEXT LEV | EL SOLUTIONS GROU | JP INC. | | | |
|---|------------------------------|--------------------|---|--|--|
| | | | (Name of Entity) | | |
| The above name Please check. | ed entity has <u>changed</u> | its address. | | | |
| ✓ mailing | | | principal | | |
| From: | | | From: | | |
| 3480 WAIALA | AE AVENUE | | 3480 WAIALAE AVENUE | | |
| SUITE 2 | | | SUITE 2 | | |
| HONOLULU, | HI 96816 USA | | HONOLULU, HI 96816 USA | | |
| То: | | | То: | | |
| 3480 WAIALA | AE AVENUE | | 3480 WAIALAE AVENUE | | |
| SUITE 3 | SUITE 3 | | SUITE 3 | | |
| HONOLULU, HI 96816 USA | | | HONOLULU, HI 96816 USA | | |
| I certify under the correct in all mat | | aii Revised Statut | es that I am authorized to make this change for the entity and the statements herein are true a | | |
| Signed this | 01 | day of | APRIL 2022 | | |
| Sincerely, | | | | | |
| JON RIKI KARAMATSU | | | | | |
| (Signature) | | | | | |
| | | | | | |
| | ION DIVI KADAMA | TCII CECDETADV | | | |

FILE #320346D1

(Print Name & Title)

(Signature of Officer)

FILED 01/18/2022 12:17 PM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS Business Registration Division



335 Merchant Street

Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810 Phone No.(808) 586-2727

STATEMENT OF CHANGE OF REGISTERED AGENT BY ENTITY

(Section 425R-7, Hawaii Revised Statutes)

| PLE | ASE | TYPE OR PRINT LEGIBLY IN BLACK INK | | | |
|------------|----------------|--|---|--|--|
| The | und | ersigned certify as follows: | | | |
| Rep | rese | ented Entity (that wishes to change its registered agent) | | | |
| | Profi Limit | ecify represented entity type, please check one: it Corporation Nonprofit Corporation General Partneted Partnership Limited Liability Limited Partners is name and state/country of incorporation/formation or organi | hip 🔲 Limited Liability Company | | |
| | | KT LEVEL SOLUTIONS GROUP INC. 320346 D1 (Type/Print Entity Name) | HAWAII (State or Country) | | |
| Cur | rent | Agent Information | | | |
| 3. | a. | Name of its current registered agent: JON KARAMATSU | | | |
| | b. | Street address of agent's current office in this State: | | | |
| | | 94-820 LUMIAUAU STREET APT. F204, WAIPAHU, HI 9679 | 97 | | |
| Nev | v Ag | ent Appointment | | | |
| 4. | | me of the entity's new registered agent after the change is: THONY HONG | | | |
| | | (Type/Print Name of Agent) | (State or Country, if Agent is an Entity) | | |
| 5. | | eet address (including number, street, city, state, and zip code State after the change is: | e) of new registered agent's office in | | |
| | 348 | 30 WAIALAE AVENUE SUITE 2, HONOLULU, HI 96816 USA | | | |
| 6. | | e appointment of a registered agent in this statement is an aff the new agent has consented to serve as such. | irmation by the represented entity | | |
| Haw mak | ∕aii F | rify under the penalties of Section 414-20, 414D-12, 425-13, 426 Revised Statutes, as applicable, the I/we have read the above is change, and that the above statements are true and correct 18 JANUARY 2022 his ———————————————————————————————————— | statements, I/we are authorized to | | |
| | | JON RIKI KARAMATSU, SECRETARY | | | |
| | | (Type/Print Name & Title) | (Type/Print Name & Title) | | |
| | | JON RIKI KARAMATSU | | | |
| | | | | | |

(Signature of Officer)

STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. **Business Registration Division**

335 Merchant Street

Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810 Phone No. (808) 586-2727



FORM X-3

CORRECTION

(Section 414-15, 414D-7, 425-1.7, 425-167, 425E-207, 428-207, Hawaii Revised Statutes)

| 1. | The entity | is (check o | ne): | | | | | | |
|---|--------------------------------------|---|--|--|--|---------------------------------------|---|--|--|
| | ` | • | · — | | | - | , | | |
| | | rofit Corporal (\$25/814) | | profit Corporation 0/814) | General Partne (F/\$10/B33) | rship | Limited Liability Partnership (F/\$25/L34) | | |
| | | imited Partne 7/\$10/834) | rship | Limited Liability L (F/\$10/B34) | imited Partnership | | Limited Liability Company (F/\$25/L14) | | |
| | | | | | | | | | |
| 2. | Name of | ousiness en | tity: Next Le | evel Solutions G | roup Inc. 32 | 0346 D1 | | | |
| | | | , | | (Corporation, Partnership | , LLC Name) | - | | |
| | | | | • | ne date the documer t to be corrected. | nt was filed | d with the Department of Commerce and | | |
| | Articles | of Incorpo | ration filed | on 08/23/2021 | 02:41 PM | | | | |
| First, the t | defectivel following HI 9681 | y executed, ; mailing ad 6 USA. This | attested, sea Idress of the is incorrect | led, verified, or a corporation's i because the Su | icknowledged. nitial principal add ite number should | lress is in be "Suite | | | |
| USA. This is Waialae Ave 91-1121 Ke | incorrec enue, Suit eanui Driv | t because t te 2, Honoli ve, Suite 10 | he following ulu, HI 9681 8-177, Ewa I | incorporators 6 USA; Jeffrey T Beach, HI 9670 | wanted to be adde ong at P.O. Box 235 | d after I s 672, Hor Cortese at | miauau Street, Apt. F204, Waipahu, HI 96797 submitted the form: Danny Kim at 3480 nolulu HI 96823 USA; Anthony Hong at t 1030 Queen Street, Honolulu, HI 96814. hed hereto: | | |
| The correct | | g address of | f the corpora | ition's initial pr | incipal address sho | ould is: 34 | 480 Waialae Avenue, Suite 2, Honolulu, HI | | |
| Tong at P.0 | O. Box 23 re Cortese | 5672, Hond | olulu HI 968 | 23 USA; Anthon | y Hong at 91-1121 | . Keanui I | venue, Suite 2, Honolulu, HI 96816 USA; Jeffrey Drive, Suite 108-177, Ewa Beach, HI 96706 : 94/820 Lumiauau Street, Apt. F204, Waipahu | | |
| Stati | utes, as a | | at I/we have i | | | | 08 and 428-1302, Hawaii Revised d to make this change, and that the | | |
| Sign | ed this | 13th | _day of | Septen | nber | ,20 | 21 | | |
| | Jo | n Riki Kara | matsu, Secr | etary | | | | | |
| | | (Type/ | Print Name & Title) | | | | (Type/Print Name & Title) | | |
| - | | | (Signature) | | | (Signature) | | | |

State of Hawaii

CONSUMER AFFAIRS

FILED 09/07/2021 08:18 PM Business Registration Division DEPT. OF COMMERCE AND

STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS Business Registration Division

335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

ADDRESS CHANGE FORM

| Re: NEXT LEV | EL SOLUTIONS GRO | UP INC. | |
|--------------------|------------------------------|---------------------|---|
| | | | (Name of Entity) |
| The above name | ed entity has <u>changed</u> | d its address. | |
| ✓ mailing | | | principal |
| From: | | | From: |
| 3480 WAIAL | AE AVENUE | | 3480 WAIALAE AVENUE |
| SUITE 3 | | | SUITE 3 |
| HONOLULU | , HI 96816 USA | | HONOLULU, HI 96816 USA |
| To: | | | To: |
| 3480 WAIAL | AE AVENUE | | 3480 WAIALAE AVENUE |
| SUITE 2 | | | SUITE 2 |
| HONOLULU | HONOLULU, HI 96816 USA | | HONOLULU, HI 96816 USA |
| I certify under th | | vaii Revised Statut | tes that I am authorized to make this change for the entity and the statements herein are true an |
| Signed this | <u>07</u> | day of | SEPTEMBER 2021 |
| Sincerely, | | | |
| | JON RIKI KA | | |
| | (Sign | ature) | |
| | JON RIKI KARAMATS | SU, INCORPORATO | OR |
| | (Print Non | no & Titlo) | |

FILED 08/23/2021 02:41 PM

Business Registration Division

Nonrefundable Filing Fee: \$50.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Business Registration Division

335 Merchant Street

Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810

Phone No.(808) 586-2727



ARTICLES OF INCORPORATION

(Section 414-32, Hawaii Revised Statutes)

| PLEASE TYPE | OR PRINT | LEGIBLY | IN BLACK INK |
|-------------|----------|---------|--------------|
|-------------|----------|---------|--------------|

| The undersigned | I, for the purpose | of forming a co | orporation under | the laws of th | e State of | Hawaii, do h | nereby make | and e | xecute |
|-------------------|--------------------|-----------------|------------------|----------------|------------|--------------|-------------|-------|--------|
| these Articles of | Incorporation: | | | | | | | | |

The name of the corporation shall be:

NEXT LEVEL SOLUTIONS GROUP INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

Ш

The mailing address of the corporation's initial principal office is:

3480 WAIALAE AVENUE, SUITE 3, HONOLULU, HI 96816 USA

Ш

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

JON KARAMATSU (Name of Registered Agent) (State or Country)

The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

94-820 LUMIAUAU STREET, APT. F204, WAIPAHU, HI 96797 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

10,000



The name and address of each incorporator is: <u>Name</u> Address 94-820 LUMIAUAU STREET, APT. F204, WAIPAHU, HI JON R KARAMATSU 96797 USA I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief. AUGUST 2021 Signed this ___ _ day of__ **JON R KARAMATSU** (Type/Print Name of Incorporator) (Type/Print Name of Incorporator) JON R KARAMATSU (Signature of Incorporator) (Signature of Incorporator)