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SECRETARY OF STATALLARIASSEE, FLOR

## TRANSMITTAL LETTER

	istration Section ision of Corporations	1 1 1 5		-	
SIID IEAT	: SUNSHINE ADVANCE	CORPORATIO	N		
SOBJECT			ion - must include suffix)		
Dear Sir or	Madam:	1			
"Certificate	d "Application by Foreign of Existence," and check a iness in Florida.				
Please return	n all correspondence conce	1		W04	-4881
		MERYL BARN			
		(Name o	of Person)		
		FORM-A-COR	P LLC		
		(Firm/C	ompany)		
		100 ) 511 0	Ourselve Cuite 400		<b>7.</b>
		,	uare Crossing, Suite 103		FR A
		(Add	dress)		
		Palm Beach Ga	ardens, FL 33410-4531		SA
		(City/State	and Zip code)		SY OF
For further i	nformation concerning thi	s matter, please	call:		STATE
Meryl Barne	s	at ( 561	) 207-6230		_
(Na	ume of Person)	(Area	Code & Daytime Telepho	one Number)	
Reg Div 409 Tall	REET ADDRESS: istration Section ision of Corporations E. Gaines St. ahassee, FL 32399	•	MAILING AE Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations	
Enclosed is	a check for the following a	mount:			
<b>□</b> \$70.00 F		ling Fee & te of Status	7 \$78.75 Filing Fee & Certified Copy	☐ \$87.50 F Certifica Certified	ate of Status é



Resubhission

#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 29, 2004

MERYL BARNES FORM-A-CORP LLC 100 VILLAGE SQUARE CROSSING, SUITE 103 PALM BEACH GARDENS, FL 33410-4531

SUBJECT: SUNSHINE ADVANCE CORPORATION

Ref. Number: W04000039881

SECRETARY OF STATE AND A STATE AND A SSEEL FLORIDA

We have received your document for SUNSHINE ADVANCE CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A brief description of the entity's nature of business must be included in the document.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 004A00062434

# 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.

1.	1. SUNSHINE ADVANCE CORPORATION					
	(Enter name of corporation; must include "INCORPORA" "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	TEC	),"	"COMPANY," "CORPORATION,"	-	
	(If name unavailable in Florida, enter alternate corporate	nam	e a	dopted for the purpose of transacting busing	ess in Flo	orida)
2.	2. Delaware	3		56-2367316		
	(State or country under the law of which it is incorporated	<u>)</u>		(FEI number, if applicable)		
4.	4. 8/13/2004	5.	_	Perpetual		
	(Date of incorporation)	_	•	(Duration: Year corp. will cease to exist or	r "perpet	ual")
6.	6. <u>Qua</u> 2004					
				Florida, if prior to registration)		
	(SEE SECTIONS 607.1301 &	)U / . I	101	02, F.S., to determine penalty liability)	₹	
7.	7. 600 Sandtree Dr., Suite 209, Palm Beach Gardens,	=L 3:	34	03	E SE	
	(Principal office	e ado	dre	ess)	£	4nža
	600 Sandtree Dr., Suite 209, Palm Beach Gardens,	FL 3	34	103	ASI	
	(Current mailin	g add	dre	ess)		1.3
8.	Internet Marketing				of ST	
	(Purpose(s) of corporation authorized in home state	or c	χου	intry to be carried out in state of Florida)		
9.	9. Name and street address of Florida registered agent:	(P.	Ο.	Box NOT acceptable)	Þ	
	Name: Lisa DeMaria					
Oí	Office Address: 600 Sandtree Dr., Suite 209			<del></del>		,
	Palm Beach Gardens			, Florida <u>33468</u>		
	(City)			(Zip code)		

### 10. Registered agent's acceptance:

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.

(Registered agent's signature)

- 11. 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.
- 12. Names and business addresses of officers and/or directors:

A. DIREC	CTORS	
Chairman:	Lisa DeMaria	
Address: _	10400 Terra Lago Dr.	
	West Palm Beach, FL	
/ice Chairr	nan:	
  Director: _		
 Director: _		
lddress:		
B. OFFIC		
_	5157 Robeno Dr.	SEC.
_	West Palm Beach, FL 3	3417 ASS
ice Preside	ent:	SEE, F
.ddress:		STATE 2
ecretary:	Lisa DeMaria	
		West Palm Beach, FL 33412
reasurer: _	Lisa DeMaria	
.ddress:	10400 Terra Lago Dr.,	West Palm Beach, FL 33412
OTE: If	necessary, you may attach an adden	dum to the application listing additional officers and/or directors.
3. <u>/</u>	un de marie	Officer listed in number 12 of the application)
4	Lisa DeMas	e and capacity of person signing application)
	(Typed of primed figure	c and capacity of person signing apprication)

# Delaware

The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNSHINE ADVANCE CORPORATION" 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 AUGUST, A.D. 2004.

SECRETARY OF STATE



Warriet Smith Windson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3322236

DATE: 08-30-04

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