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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -3 AM 7:56

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Sun Shopp Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael J Goodfriend
Name of Person

The Sun Shopp Inc
Firm/Company

7700 Congress Ave Suite 3105
Address

Boca Raton, FL 33487
City/State and Zip code

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

For further information concerning this matter, please call:

Micahel Goodfriend at (201) 365-6003 x 1008
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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$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.

1. The Sun Shopp, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 86-1691994 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/20/2021 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10 Malcolm Ave Suite 2 Teterboro, NJ 07608 (Principal office street address)

(Current mailing address, if different)

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

Name: Michael J Goodfriend

Office Address: 7700 Congress Ave Suite 3105

Boca Raton, Florida 33487 (City) (Zip code)

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9. 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)

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]:

A. DIRECTORS

Chairman Name: _____

Chairman Name: Benjamin Simon

Vice Chairman Address: 10 Malcolm Ave Ste 2

Vice Chairman Address: 10 Malcolm Ave St

Director Teterboro NJ 07608

Director Teterboro NJ 07608

President Michael J Goodfriend

President _____

Vice President Benjamin Simon

Vice President _____

Secretary Treasurer

Secretary Treasurer

Other _____ 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 _____

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.

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.

13. Michael J Goodfriend
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

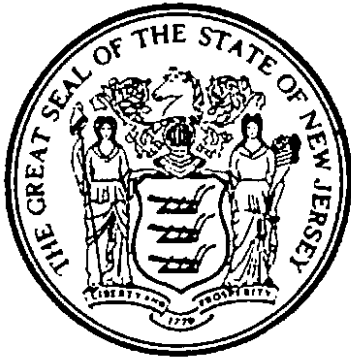
**THE SUN SHOPP INC.
0450593326**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on January 20, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2022

I further certify that the registered agent and office are:

MICHAEL GOODFRIEND
10 MALCOLM AVENUE
UNIT# 2
TETERBORO, NJ 07608



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 25th day of April, 2022

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6131151979

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp