TO: Registration Section Division of Corporations	
SUBJECT: SUNRICH HOLDINGS, INC.	
(Name of corporation	on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	register the above referenced foreign corporation
Please return all correspondence concerning this matte	er to the following:
EDEN WHITTEN	
(Name o	f Person)
SUNRICH HOLDINGS, INC.	<u> </u>
(Firm/Co	ompany)
4611 S 96TH STREET	yrun
(Add	lress)
CMAHA NF. 68127 (City/State	and Zip code)
For further information concerning this matter, please	call: 2000035684628 -01/23/0101101002 ******70.00 ******70.00
EDEN WHITTEN at (402) 593–7051
(Name of Person) (Area	Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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.	SUNRICH HOLDINGS, INC.	-
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	
	words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	
	natural person or partnership it not so contained in the hame at present.)	
2.	CAYMAN ISLANDS 3. APPLYING FOR	
ے.	(State or country under the law of which it is incorporated) (FEI number, if applicable)	•
4.	MAY 20, 1999 5. PERPETUAL	
•	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	,
6.	UPON QUALIFICATION ,	
((Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7.	3321 N.E. 16TH STREET, FORT LAUDERDALE FL 33304	
	(Principal office address)	•
	3321 N.E. 16TH STREET, FORT LAUDERDALE FL 33304	
	(Current mailing address)	
Q	ANY LAWFUL PURPOSE, INCLUDING, WITHOUT LIMITATION, PLEASURE-BOAT CHARTERING.	
ο.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	Name: DENNIS P. CIRCO	
Oi	Name: DENNIS P. CIRCO Ffice Address: 3321 N.E. 16TH STREET	
	FORT LAUDERDALE , Florida 33304	
	(City) (Zip code)	· .
He de fu	Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the period in this application, I hereby accept the appointment as registered agent and agree to act in this capacitative agree to comply with the provisions of all statutes relative to the proper and complete performance of meaning the complete perfor	uy. I
di	tties, and I am familiar with and accept the obligations of my position as registered agent.	

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.

(Registered agent's signature)

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

A. DIREC	CTORS	•	
Chairman:	MARY SHAFFER, SOLE DIRECTORR		
Address: _	4611 S 96TH STREET		
	OMAHA NE 68127		
ice Chairr	man:		
	· · · · · · · · · · · · · · · · · · ·		· · · · · ·
Director: _			· · · · · · · · · · · · · · · · · · ·
.ddress: _		a a second	
_ Director: _			·
B. OFFIC	CERS MARY SHAFFER, SOLE OFFICER	·	
Address: _	4611 S 96TH STREET	-	7 SH 00
_	OMAHA NE 68127		NE A T
ice Presid	lent:		2 <u>5</u>
\ddress: _			<u> </u>
-	and the second s		511 6
ecretary:			
Address: _			
Treasurer:		-,	
Address: _			
NOTE: I	f necessary, you may attach an addendum to the a	pplication listing additional offic	ers and/or directors.
13	Mary Shaffar (Signature of Chairman, Vice Chairman, or	any officer listed in number 12	of the application)
1 A	MARY SHAFFER, CHAIRMAN/PRES.	The second second second second second	
14	(Typed or printed name and capaci	ty of person signing application)	· · · · · · · · · · · · · · · · · · ·

