F0(000002630

TO: Registration Se Division of Co	rporations		
CID TECT.	SUNRISE PARTI	WELL TAK	
SUBJECT:	(Name of corpor	ration - must include suffix)	· ,
Dear Sir or Madam:	_		
	e", and check are submitted	for Authorization to Transacto register the above referen	
Please return all corres	pondence concerning this ma	atter to the following:	
	PHARL	es H. HOUT	
	(Nam	e of Person)	· · · · · · · · · · · · · · · · · · ·
*		/Company)	
	541 TIMBER	Ridge Dr. Address) FLA-	
11,	(A	Address)	
,	KENSACALA	FLA.	
-		ate and Zip code)	
		60	0004104576C -05/01/0101128002
For further information	concerning this matter, plea		*****78.75 *****78.75
	1		Wol-10104
CHARLES H	oct at 85	cea Code & Daytime Telepho	٥
(Name of Pers	on) (Aı	rea Code & Daytime Telepho	one Number)
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns = = =
Enclosed is a check for	the following amount:	·	
□ \$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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 4, 2001

CHARLES H. HOLT 541 TIMBER RIDGE DR. PENSACOLA, FL 32534

SUBJECT: SUNRISE PARTNERS, INC. Ref. Number: W01000010104

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

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. Togethe board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) $487 - \overline{6097}$.

Michael Mays

Document Specialist

Letter Number: 501A00026481

01 11/4 14 12:0

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned CHARLES H. Holl do hereby certify
that this Resolution of the Board of Directors of SUNPISE PARTNERS INC
(Corporate Name)
a corporation duly organized and existing under the laws of the State of ALABAMA. was duly adopted on
was duly adopted on
organized and existing in the State of Alabama, hereby adopts the name? Sundice Paretwees INC of N.W. Florida for use in Florida.
Dated: 5-7-0()
Signature of either Chairman, Vice Chairman or any officer
William Hulsey Type or print name

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLO. REGISTER A FOREIGN CORPORATION TO TRAN	RIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
1. SUNRISE PARTNERS	Taken par Da Ton
V TO TO TO TO THE WORLD TH	PLID A TELLY WOOD AND AND WOOD DOD A COLOR
words or abbreviations of like import in language as wi natural person or partnership if not so contained in the r	Il alagely indicate that 't'
^	
2. A CABAMA (State or country under the law of which it is incorporate	ed) (FEI number, if applicable)
4. <u>8-30-00</u>	(FEI number, if applicable) 5. <u>feepeTsAl</u> (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6	Fig. 7.
(Date first transacted business in Florida. If corporation	has not transacted business in Florida, insert "upon qualification.") 7.1501, 607.1502 and 817.155, F.S.)
7. 13025 3 Rd ST 2 (Principal offi	11/1AN AL ZIEVA
(Principal offi	ice address)
P.Q. Box 754 L	1/11AN AL 36549
(Current maili	ng address)
8. AUTO MOBILE U)HOLESALE
(Purpose(s) of corporation authorized in home stat	e or country to be carried out in state of Florida)
9. Name and street address of Florida registered as	
Name: <u>CHARLES</u> H. HOLT	
Office Address: <u>541 TIMBUR Ridge</u> <u>PENSACOLIA ELA</u> (City)	
TENSACOLA FLA	Florida 22 524
(City)	, Florida <u>32534</u>
10. Registered agent's acceptance:	(Zap code)
Having been named as registered agent and to accept	service of process for the above stated corporation at the place
further agree to comply with the provisions of all state	with relative to it.
duties, and I am familiar with and accept the obligation	ons of my position as registered agent.
	5 · · · · · · · · · · · · · · · · · · ·
- CL W	Lott
(Registered ager	nt's signature)
44	

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.

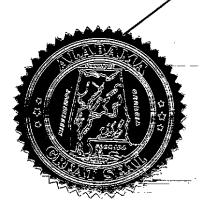
12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: _ Director: Address: ___ Director: Address: ___ **B. OFFICERS** Vice President: Address: Secretary: __ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. (Typed or printed name and capacity of person signing application)

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Sunrise Partners, Inc. incorporated in Baldwin County, Lillian, Alabama on September 6, 2000. I further certify that the records do not disclose that said Sunrise Partners, Inc. has been dissolved.

O1 MAY AND FILE 27
SECURITY AND FILE STORE
TALL AND THE STORE STORE
TALL AND THE STORE
TAL



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

May 11, 2001

Date

In Bennin

Jim Bennett

Secretary of State