## F010000003175

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: SUNSET VALLEY	ASSOCIATES INC.
SUBJECT: SUNSET VALLEY (Name of cor	poration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted transact business in Florida.	on for Authorization to Transact Business in Florida", ed to register the above referenced foreign corporation to
Please return all correspondence concerning this	
J. DANIEL	BLEDE
	ame of Person)
J. BANIEL	BREDE P.A
(Fi	BREDE, P.A.  m/Company)  BREDE, P.A.
	E BLVD. # 201 E (Address)
(Ci	リーデー 33 43 1 ty/State/Zip)
·	1000042741214 -05/21/0101144006
Should you need to call someone concerning this	-05/21/0101144006 matter, please call: *****87.50 *****87.50
J. DANIEL BREDE at (5	
(Name of Person)	Area Code & Daytime Telephone Number)
STREET ADDRESS: Qualification/Tax Lien Section	MAILING ADDRESS:  Qualification/Tax Lien Section
Division of Corporations	Division of Community
409 E. Gaines St. Tallahassee, FL 32399	F.O. Box 632/
	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



## FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

May 25, 2001

J. DANIEL BREDE J. DANIEL BREDE, P.A. 1900 CORPORATE BLVD., #201 E BOCA RATON, FL 33431

SUBJECT: SUNSET VALLEY ASSOCIATES, INC.

Ref. Number: W01000011972

We have received your document for SUNSET VALLEY ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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.

Please return 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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 001A00032253

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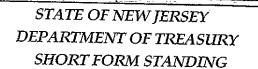
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

ISUN	SET VALLEY	/ ASSOCI	ATES /	wc.				_
(Name of corpo words or abbrev	oration; must include the wor riations of like import in lang or partnership if not so contai	d "INCORPORATEI guage as will clearly	D", "COMPAN indicate that it i	V" "COPPOP	ATION" or instead of a	<u> </u>		•
porton (	a paranetsinp it not so contain	med in the name at pr	esent.)					
2	under the law of which it is	3.	22	- 2528	290			· •
(State or country	under the law of which it is	incorporated)		(FEI number, i	f applicable)	<u> </u>		-T:
4. <u>No</u>	v. 16,1983 e of incorporation)	5	PERPE	ETUAL	_			
						etual")	<u> </u>	
6.	march 31, 2 transacted business in Florid	-001						
					.155, F.S.)			
7	6289 NW	62 nd T	ERRACI	<u>e</u> .	<u>.</u> .			
	PARKLAND (Cu	, FL 33	067				-	
·	(Cu	arrent mailing address	<del>)</del>			<u>.</u>		
8. ENGAGE	IN ANY LAWFU	L ACTIVITY,	INCLYD	1NG C	BINET	RY WO	RK.	
(Furpose(s	s) of corporation authorized i	in home state or coun	try to be carried	l out in state of	f Florida)		-	
<ol><li>Name and stre</li></ol>	et address of Florida reg	istered agent: (P.C	). Box or Mail	l Drop Box <u>N</u>	OT acceptab	ole)		
Name: _	_			<u> </u>	- 	, 	205	
Office Address: _	6289 NW				ALLAH	NIIIP 10		 
	PARKLAND	<u> </u>	_, Florida,	3067	7. 57.	<u> </u>		
				Zip code)			m	
10. Registered ag	ent's acceptance:				ř.L.UKI	PH 12: 14		· ·=:
comply with the prov	as registered agent and to a hereby accept the appointm visions of all statutes relative ations of my position as regi	ient as registered age e to the proper and c	Mf amá aasaa te		T.C			* * ±
		1000				e y	e services.	
	(Regi	istered agent's signatu	ıre)					
1. Attached is a cer	tificate of evictance duly out	hautianta			\$ *** *	- * + + +	' Is	- Loi

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.

_	DANIEL LEPARC		
Address:	6289 NW 62nd TR	ERRACE	-
	PARKLAND, FL 33	2067	······································
	1:		
iddress			
***			
Director:			
Address:			<u> </u>
	· .		
	-		
OFFICE	S (Street address only - P.O. Box NOT accepta	able)	
	BANIEL LEPARC		
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ddraca	6289 111 12 1		
ddress:	6289 NW 62nd TE	PRACE	
	PARKLAND, FL 3306	PRACE	
	6289 NW 62nd TE	PRACE	ARTE A
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SUNSET VALLEY ASSOCIATES, INC.

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 16, 1983.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Daniel Leparc 16 Keech Briar Lane Pompton Plains, NJ 07444

Continued on next page . . .

SECRETARY STATE

