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(Requestor's Name)		
(Address)		
` ,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		





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COVER LETTER

Division of Corporations		
SUBJECT: SONNY	DAY SAles INC.	
(Name of corporation - must include suffix)		
Dear Sir or Madam:		
	oration for Authorization to Transact Business in Florida," bmitted to register the above referenced foreign corporation to	
Please return all correspondence concerning		
ANTHONY C	ONDURSO (Name of Person)	
	(Name of Person)	
Sonny Day Sales INC. (Firm/Company)		
(Firm/Company)		
10911 Oak Island Rd. (Address)		
	(Address)	
Bonita Spr	ings, Fl. 34135 City/State and Zip code)	
(City/State and Zip code)	
For further information concerning this matt	ter, please call: (631) 748-2379 (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)		
	•	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amoun	nt:	
\$70.00 Filing Fee \$78.75 Filing For Certificate of S		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA
IN COMPLLINGS HUSINGS THE STATE OF THE STATE
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. SONNY DAY SAles 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 York 3. 20-2110346 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/01/05 5 Oprostual
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. P.O. BOX 367, COMMARK, N. 4. 11725
Mailing (Principal office address)
10911 OAK ISLAWA RS BONITH SPAINES FLA 34135
(Current mailing address)
Color Thomas Paris of
8
(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 NOT acceptable)
Name: ANTHONY CONDURSO
10911 Ball Telan Pinh
Office Address: 109/10AK 18LAND (SAD)
BON174()DA1N95 , Florida 34/35
(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.
Christian Contract
WITHORY CONTURS
(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.

10. Marine M. 1. 11	FILED
12. Names and business addresses of officers and/or directors:	I bear bour leave
A. DIRECTORS	2010 SEP -8 PM 3: 46
Chairman: ANTHONY CONDURSO	OF THE STATE
Address:	TALLAHASSEE. FLORIDA
Vice Chairman:	
Address:	
	,
Director:	
Address;	
	_
Director:	
Address:	
B. OFFICERS	
President: ANTHONY CONDURSO	
President: 100 100 CO10 GURSO	
Address: 18911 OAK ISLANS ROAS	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional offi	cers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application	
(organizate of Director of Officer fisted in number 12 of the applicant	, , , , , , , , , , , , , , , , , , ,

ANTHONY CONDURSO - PRESIDENT
(Typed or printed name and capacity of person signing application)

14. _

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SONNY DAY SALES INC. was filed on 11/02/2004, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official scal of the Department of State at the City of Albany, this 27th day of August two thousand and eight.



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