F10000001504

(Requ	estor's Name)					
(Addre	ess)					
. (Addre	ess)					
(City/State/Zip/Phone #)						
PłCK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Docu	ment Number)				
Certified Copies	Certificate	s of Status				
Special Instructions to Fili	ng Officer:					
 :						

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: SUNA Solutions 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:	
Lisa Granskie for Incorp Services, Inc.	
Name of Person	
Incorp Services, Inc.	
Firm/Company	1
375 N. Stephanie St., Suite 1411	44.2
Address	F
Henderson, NV 89014-8909	imbi Land
City/State and Zip code	
lisa.granskie@incorp.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lisa Granskie at (702) 866-2500 x 6508	
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 amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$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. SUNA Soluti	ions Inc. orporation; must include "INCORPORATI	ED,	" "COMPANY," "CORPORATION,"	-	
	orp," "Inc," "Co," or "Corp.")	,			
(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)	-	
2. California		3. 80-0481197			
		(FEI number, if applicable)			
4. 12/04/2008 ₅		5.	Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
6. Upon Filing				_	
	•		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
005 14			· · ·		
7. 985 Moraga I	Road, Suite 203, Lafayette, CA 9 (Principal office)			-	
	(Frincipal office	auu	ress) 2010 HA		
	(Current mailing	add		CHT. C.	
			See 26	-	
8. Temporari			्राष्ट्र 🅦		
(Purpose(s) of corporation authorized in home state of	rcc	ountry to be carried out in state of Florida) O. Box NOT acceptable)	E MARTIN	
9. Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)		
Name:	Incorp Services, Inc.				
Office Address:	17888 67th Court North				
	Loxahatchee		, Florida <u>33470</u>		
	(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.

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.

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

A. DIRECTORS			
Chairman:			
Address:			
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:			
		2010	
B. OFFICERS		HAR	
President: Michael Lackins	1883 1883 1883	26	Terrestate of Section 2016
_	100	A	
Address: 985 Moraga Rd Ste #203 La Cayette, CA 94549	2.7		19 hintelle Liverage
£ 1 '	24.	8	
Vice President: Dancel Williams			
Address: 985 Moraga Rd Ste #203 Lafayette, CA 94549			
Lagagette, CH 943 49			
Secretary:	 .	 -	Per .
Address:			
Treasurer:			
Address:	<u> </u>		
NOTE: If necessary, you may attach an addendum to the application listing additional officers	s and/or di	rectors	
	s ana/or an	COLOTS	
(Signature of Director or Officer listed in number 12 of the application)			
14. Daniel Williams, vice president			
(Typed or printed name and capacity of person signing application)			

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SUNA SOLUTIONS INC.

FILE NUMBER: FORMATION DATE:

C3174830 12/04/2008

TYPE:

DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

2010 HAR 26 AM 10: 08

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 16, 2010.

DEBRA BOWEN Secretary of State