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

Office Use Only



600233025856

05/07/12--01020--008 **87.50

COVER LETTER

TO:	New Filing Section Division of Corporations							
SUBJI	ECT:	SUNR	ISE PLA	ZA ENT	ERPRIS	E, INC.		
	· - · · ·			me of corpora				
Dear Si	ir or Ma	dam:						
"Certifi	icate of	Existence	," or "Certifi		Standing" an	d check are subm	Business in Florida," itted to register the	
Please	return al	l correspo	ondence cond	erning this m	atter to the fo	ollowing:		
RICH	IARD	FRAN	IZBLAU					
				Name	e of Person			
RICI	HAR	FRA	NZBLAL	J LLC				
		•		Firm/	Company			
1802	2 N. A	\lafaya	a Trail, S	Suite 137				
				A	ddress	1 11		
ORL	ANDO), FLO	RIDA 32	826				
				City/Sta	te and Zip co	ode		
RDFF	RANZ	@RDFI	LC.COM					
			E-mail ado	lress: (to be u	sed for future	annual report no	tification)	
For furt	ther info	rmation c	oncerning th	is matter, plea	ase call:			
RICK	RICK FRANZBLAU at (407) 770-2520							
	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 Enclosed is a check for the following amount:						MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	0.00 Fil		\$78.75 F	iling Fee &		Filing Fee & ed Copy	\$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.

(Enter name of co	AZA ENTERPRISE, INC. orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"				
нс., со., с	огр, ніс, со, от согр.)					
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in	Florida)			
2. CONNECTIO		3. 510514802				
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)				
4. 7/1/20	of incorporation) 5.	PERPETUAL				
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perp	etual")			
6. <u>APRIL 23 20</u>						
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)				
7, 2425 FRON	TAGE ROAD DAVENPORT,	FL 33837				
	(Principal office add	•				
414 WEST	MAIN STREET STAMFOR					
	(Current mailing add	iress)				
。ALL PURP	OSES UNDER LAW		- =			
(Purpose(s	OSES UNDER LAW) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	SECRETARY IVISION OF C			
9. Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)				
	NAZIM ALI					
Name:	NAZIVIALI		PH RPO			
Office Address:	2425 FRONTAGE ROAD		PH 4: 07			
	DAVENPORT	, Florida 33837	01 01			
	(City)	(Zip code)				
designated in this further agree to co	ed as registered agent and to accept servi application, I hereby accept the appoints	ice of process for the above stated corporation ment as registered agent and agree to act in th relative to the proper and complete performan osition as registered agent.	is capacity. I			
	111/10					

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: SECRETARY OF STATE DIVISION OF CORPORATIONS , A. DIRECTORS Chairman: NAZIM ALI 12 MAY - 7 PM 4: 07 Address: 414 WEST MAIN STREET STAMFORD, CT 06902 Vice Chairman: Address: Director: NAZIM ALI Address: 414 WEST MAIN STREET STAMFORD, CT 06902 **B. OFFICERS** President: NAZIM ALI Address: 414 WEST MAIN STREET STAMFORD, CT 06902 Vice President: Address: Secretary: NAZIM ALI Address: 414 WEST MAIN STREET STAMFORD, CT 06902 Treasurer: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. NAZIM ALT PRESIDENT

(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

SUNRISE PLAZA ENTERPRISE, INC.

a domestic STOCK corporation, was filed in this office on July 01, 2004, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: May 05, 2012

DIVISION OF CORPORALIONS

Business ID: 0789492 Express Certificate Number: 2012116326001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov