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PALLAHASSEE, FLORIDA

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Office Use Only

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, SUNNY BEACHES CAPITAL VENTURES GROUP, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 2, 2015, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 18, 2015.

Borbora K. Cegovske BARBARA K. CEGAVSKE

Secretary of State

Electronic Certificate
Certificate Number: C20150318-1921
You may verify this electronic certificate
online at http://www.nvsos.gov/

COVER LETTER

COVER EETTER
TO: New Filing Section Division of Corporations
SUBJECT: SUNNY BEACHES CAPITAL VENTURES GROUP, 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:
KATHY LEE
Name of Person
SUNNY BEACHES CAPITAL VENTURES GROUP, INC.
Firm/Company
1319 LEEWOOD DR
Address
TALLAHASSEE FL 32312
City/State and Zip code
kathyleerealtor@comcast.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KATHY LEE at (850) 508-6003
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations MAILING ADDRESS: New Filing Section Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:

□ \$78.75 Filing Fee &

Certified Copy

□ \$87.50 Filing Fee,

Certified Copy

Certificate of Status &

■ \$70.00 Filing Fee

□ \$78.75 Filing Fee &

Certificate of Status

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.

SUNNY BEACHES CAPITAL VENTURES GROUP INC.

	orporation; must include "INCO orp," "Inc," "Co," or "Corp.")	RPORATED,"	"COMPANY	/," "CORPORATIO	ON,"	
(If name unavaila	able in Florida, enter alternate co	-	•	-	_	orida)
•	y under the law of which it is inc			(FEI number, if a	applicable)	
_{4.} 3/2/2015		5.	PERPE	TUAL		
(Date	of incorporation)		(Duration: Y	ear corp. will cease	to exist or "perpet	ual")
6						
	(Date first transac (SEE SECTIONS 607.				ility) 🕏 👝 📑	
, 1319 LEE	WOOD DR TAL			FL 32312	SECRE	emily :
		pal office addi			一	E rant !
1319 LEE	WOOD DR TALL	AHASSE	E FL	32312	SSE TO	anda)
	(Сигге	nt mailing addı	ress)		70 0	Francisco Annie
					3: 11 STATE LORIE	Edit Worker of
8. Name and stree	et address of Florida registere	d agent: (P.C). Box <u>NOT</u>	acceptable)	A	
Name:	KATHY LEE				•	
Office Address:	1319 LEEWOOD DR					
	TALLAHASSEE		, Florid	, 32312		
	(City)		,	(Zip code)		
9. Registered age	ent'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.

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _ Address: _ Vice Chairman: Address: _ Director: KATHY LEE 1319 LEEWOOD DR TALLAHASSEE FL 32312 Director: Address: **B. OFFICERS** President: KATHY LEE 1319 LEEWOOD DR **TALLAHASSEE** FL 32312 Vice President: Address: Secretary: KATHY LEE 1319 LEEWOOD DR **TALLAHASSEE** FL 32312 KATHY LEE Address: _1319 LEEWOOD DR **TALLAHASSEE** FL 32312 NOTE: If necessary, you may attach an addendym 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. KATHY LEE, PRESIDENT

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