

F15000 005351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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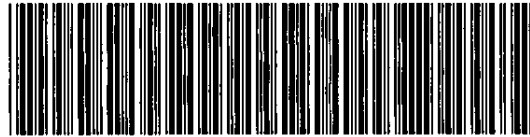
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 04 2015

J SHIVERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2015

RALPH MANGIARELLI JR  
23 RIMWOOD DR  
SMITHFIELD, RI 00917

SUBJECT: SUNNYLAND INC  
Ref. Number: W15000076135

We have received your document for SUNNYLAND INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return the corrected original and one copy of your document, along with 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) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 315A00024521

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNNYLAND 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:

RALPH MANGIARELLI JR  
Name of Person

SUNNYLAND INC  
Firm/Company

23 RIMWOOD DRIVE  
Address

SMITHFIELD RI 08917  
City/State and Zip code

RALPH M 49 @ G-MAIL . COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH MANGIARELLI JR at ( 401 ) 255-5742  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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 & Certificate of Status    ☐ \$78.75 Filing Fee & Certified 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.

1. SUNNYLAND INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SUNNYLAND FL INC  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. RHODE ISLAND 3. 05-045-5900  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-1-1990 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. JAN 2016  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 23 RIMWOOD DRIVE SMITHFIELD RI 02917  
(Principal office address)

SAME  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JEANINE CHIN

Office Address: 2790 CYPRESS DOME COURT  
SAINT CLOUD, Florida 34772  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. 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.*

Jeanine Chin

(Registered agent's signature)

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: RALPH MANGIAROLI JR

Address: 23 Rimwood DR. SMITHFIELD RI 02917

Director: CAROL MANGIAROLI

Address: 23 Rimwood DR. SMITHFIELD RI 02917

B. OFFICERS

President: RALPH MANGIAROLI JR

Address: 23 Rimwood DR. SMITHFIELD RI 02917

Vice President: SAM (RM)

Address: \_\_\_\_\_

Secretary: CAROL MANGIAROLI

Address: 23 Rimwood DR. SMITHFIELD RI 02917

Treasurer: RALPH MANGIAROLI JR

Address: 23 Rimwood DR. SMITHFIELD RI 02917

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Ralph Mangiaroli Jr

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. RALPH MANGIAROLI JR PRES

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

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State of Rhode Island and Providence Plantations  
Department of State | Office of the Secretary of State  
Nellie M. Gorbea, Secretary of State

Certification Number: 15110055610

The office of the Secretary of State of the State of Rhode Island and Providence Plantations,  
HEREBY CERTIFIES, that

**SUNNYLAND, INC.**

a Rhode Island corporation, filed original articles of incorporation in this office on

November 01, 1990

Effective

November 01, 1990

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing  
under and by virtue of the laws of the State of Rhode Island and is in good standing according  
to the records of this office.

SIGNED AND SEALED ON

Friday, November 13, 2015

Secretary of State

Authorized Agent

