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(Requesto	r's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sun Image Distributors, 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:
Thomas E. Ashburn
Sun Image Distributors, Inc.
809-A Seaboard Findustrial Park
Myrtle Beach, SC 29577 City/State and Zip code
JSantomauro a websterrogers. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (843) 448-1500 Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft 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 \$\Boxed{\sigma}\$ \$78.75 Filing Fee & Certificate of Status \$\Boxed{\continuous}\$ Certified Copy \$\Boxed{\continuous}\$ \$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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF	
1. Sun Fnage Distributors Incorpe (Enter name of corporation) must include "INCORPORATED," "COMPANY," "CORPORATE "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")	rated
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transaction of transaction of the purpose of transaction of trans	3043 applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty lia 7. 809-A Seaboard Tradustral Park (Principal office address)	hiliny) MyrHe Beach 15C,2957=
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BYAN SKOWSKI Office Address: 45 OCCON DrvC Key Lago, Florida 3302 (City) (City) (Zip code)	2015 DEC -7 AM IO: 46 PALLAHASSEE FLORIDA
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above st. designated in this application, I hereby accept the appointment as registered agent and a further agree to comply with the provisions of all statutes relative to the proper and com duties, and I am familiar with and accept the obligations of my position as registered ag	agree to act in this capacity. I plete performance of my
$R_{\bullet} = \{0, \dots, 0\}$	

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman:		
Address:		
Vice Chairman:		
Address:		
Director:	Ay P	
Address:		Emily China Emily China Minister above
	<u> </u>	1
Director:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address:		
	<u> </u>	
B. OFFICERS		
President: Thomas Ashburn		
Address: 1877 Bay Tree Ln Surfside Bea	<u>ch</u> S	<u></u>
		757 <u>°</u>
Vice President: Charles Belissary		
Address: 5008 Wynfield Ct, Myrth Beach	<u>SC</u>	
	29:	577
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary you may attach an adderdum to the application listing additional officers at	nd/or director	s.
12. Mey Silly		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that		
are true and that he or she is aware that false information submitted in a document to the Departman a third degree felony as provided for in s.817.155, F.S.	ent of State c	onstitutes
13. Thomas Ashburn, President		
(Typed or printed name and capacity of person signing application)		

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

SUN IMAGE DISTRIBUTORS, INC.,

a corporation duly organized under the laws of the State of South Carolina on October 13th, 1987, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 20th day of November, 2015.

Mark Hammond, Secretary of State