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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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18 JAN -9 AM 5: 2L LALLAHASSEE, FLORIDA

K. SALY JAN 10 2018

Advanced Incorporating Service, Inc. Phone: 850-222-CORP 1317 California Street P.O. Box 20396 Fax: 850-575-2724 Email: orders@aisincfl.com Tallahassee, FL 32316 Website: www.aisincfl.com MAME OF ENTITY unnyh Inc. FOR OFFICE USE ONLY PICK ONE: _____ CERTIFIED COPY _____PHOTOCOPY _____C.U.S. FILING: ____CORPORATION ____LLC ____LIMITED PARTNERSHIP ____GENERAL PARTNERSHIP _____FICTITIOUS NAME _____SERVICEMARK/TRADEMARK _____ÅMENDMENT FOREIGN QUALIFICATION _____JUDGMENT LIEN OTHER _____ **RETRIEVAL:** _____GOOD STANDING CERT/C.U.S. ____CERTIFIED COPY ____PHOTOCOPY Of _____ **APOSTILLE/CERTIFICATION REQUEST:** Country_____ Amount of Documents TIME_____ DATE Notes:

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 c	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	-
"Inc.," "Co.,"""C	orp,"""Inc," "Co," or "Corp.")		
(16		adopted for the purpose of (ransacting business in Florid	
California		82-3618111	uat)
•	y under the law of which it is incorporated)	(FEI number, if applicable)	
12/19/2017	5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
355 Montgomery	St., 6th Floor, San Francisco, CA 94111	i02, F.S., to determine penalty liability)	18
<u> </u>	(Current mailin	g address; il different)	JNN-
Name and stree	address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	ۍ +
Name:	Universal Registered Agents, Inc.		NH 8 :
fice Address;	3458 Lakeshore Drive		F
	Tailahassee	32312 , Florida	
	(City)	(Zip code)	

9. Registered agent's acceptance:

Sunnyhill Financial, Inc.

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)

Char Jackson, Assistant Secretary

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.

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11. Names A. DIREC	and business addresses of officers and/or directors:	SECRETARY OF STATE DIVISION OF CORPORATIONS
•		18 JAN -9 AN 8: 44
	າສາ:	
Address:		
Director: _	enjamin Eli Robinson	
Address:	55 Montgomery St., 6th Floor, San Francisco, CA 94111	
	·	· · · · · · · · · · · · · · · · · · ·
President: _	ERS Benjamin Eli Robinson 55 Montgomery St., 6th Floor, San Francisco, CA 94111	
— Vice Preside	Benjamin Eli Robinson	<u></u>
Address:	655 Montgomery St., 6th Floor, San Francisco, CA 94131	
Secretary: _	Benjamin Eli Robinson 555 Montgomery St., 6th Floor, San Francisco, CA 94111	
Address:	Benjamin Eli Róbinson	
Address:	555 Montgomery St., 6th Floor, San Francisco, CA 94111	
NOTE: If	necessary, you may attaches addendum to the application listing additional office;	rs and/or directors.
The officer are true and a third degr	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms to I that he or she is aware that false information submitted in a document to the Depa ee folony as provided for in s.817.155, F.S. jamin Eli Robinson, President	

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State of California Secretary of State



CERTIFICATE OF STATUS

ENTITY NAME:

SUNNYHILL FINANCIAL, INC.

FILE NUMBER:C4091171FORMATION DATE:12/19/2017TYPE:DOMESTIC CORPORATIONJURISDICTION:CALIFORNIASTATUS:ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 January 08, 2018.

ALEX PADILLA Secretary of State