

F19000000/450

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190000985673)))



H190000985673ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCAC00000023
Phone : (614) 280-3335
Fax Number : (954) 206-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
19 MAR 25 AM 8:25
STATE OF FLORIDA
TALLAHASSEE

FOREIGN PROFIT/NONPROFIT CORPORATION
SUNNY FEET, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$728.75

10:11:42 AM 3/25/2019

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY
MAR 26 2019

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 FEET, INC.

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

Sunny Supports, Inc.

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

2. WISCONSIN 3. 82-2310133
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JULY 26, 2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. JANUARY 29, 2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4906 TOWN CENTER PKWY, STE 108, JACKSONVILLE, FL 32246
(Principal office address)

600 W. VIRGINIA STREET, MILWAUKEE, WI 53204
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Rd

Plantation, Florida 33324
(City) (Zip code)

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.

C T CORPORATION SYSTEM b, CHRIS RICKARD ASSISTANT SECRETARY

(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.

FILED
19 MAR 25 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ARNOLD PEREIRA
600 W. VIRGINIA, SUITE 202
 Address: MILWAUKEE, WI 53204

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ARNOLD PEREIRA
600 W. VIRGINIA STREET, SUITE 202
 Address: MILWAUKEE, WI 53204

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

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.817.153, F.S.

13. Arnold Pereira / Director

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

FILED
 19 MAR 25 AM 8:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

United States of America
State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

SUNNY FEET, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is July 26, 2017.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 19, 2019.

Mary Ann McCoshen

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

FILED
19 MAR 25 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: 240413-86A645B2