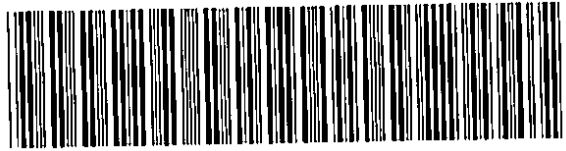


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2019

CORPORATE ACCESS INC.

SUBJECT: SUN COAST SERVICE OF SOUTH FLORIDA
Ref. Number: W19000055170

Corrected

We have received your document for SUN COAST SERVICE OF SOUTH FLORIDA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

need corporate suffix for alternate name,

Please return 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) 245-6052.

Yvette Scott
Document Specialist II

Letter Number: 819A00011568

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Submission
date*

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**CORPORATE
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6/7/19

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foreign

1. Sun Coast, Inc.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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2019 JUN -7 PM 4:05
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TALLAHASSEE, FLORIDA

**SPECIAL
INSTRUCTIONS:**

**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.*

SUN COAST, INC.

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

SUN COAST SERVICE OF SOUTH FLORIDA INC.

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

NEW JERSEY

223-268-098/000

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

11/30/1993

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

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

250 ELEVENTH STREET, HAMMONTON, NJ 08037

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: TRAC - THE REGISTERED AGENT COMPANY
236 E. 6TH AVENUE

Office Address: TALLAHASSEE 32303
_____, Florida _____
(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.

Kelli Puller Kelli Puller, VP
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: PATRICIA RAFFA ✓
Address: 2102 BAY AVENUE, OCEAN CITY, NJ 08226

Vice Chairman: ROBERT VESPER ✓
Address: 2102 BAY AVENUE, OCEAN CITY, NJ 08226

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: PATRICIA RAFFA ✓
Address: 2102 BAY AVENUE, OCEAN CITY, NJ 08226

Vice President: ROBERT VESPER ✓
Address: 2102 BAY AVENUE, OCEAN CITY, NJ 08226

Secretary: ROBERT VESPER ✓
Address: 2102 BAY AVENUE, OCEAN CITY, NJ 08226

Treasurer: PATRICIA RAFFA ✓
Address: 2102 BAY AVENUE, OCEAN CITY, NJ 08226

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.817.155, F.S.

13. ROBERT VESPER Vice President

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

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

SUN COAST, INC.

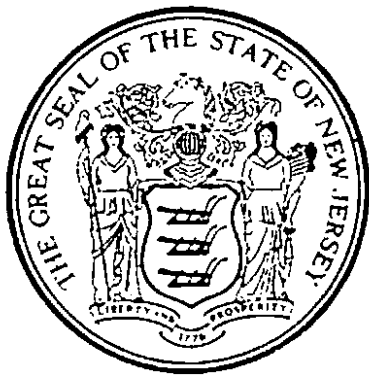
0100571620

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on November 30, 1993.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

SUN COAST
250 ELEVENTH ST
HAMMONTON, NJ 08037



Certificate Number : 6098021170

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
7th day of June, 2019

Elizabeth Maher Muoio
State Treasurer

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TALLAHASSEE, FLORIDA