# Fallocold 465

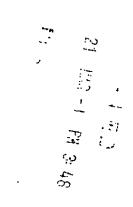
(	Requestor's Name)
	(Address)
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	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions	to Filing Officer:

Office Use Only



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#### **COVER LETTER**

10:	Division of Corpo				
SUBJ	ECT:		GREAT SU	NSET CORP	
222		Name of co	orporation -	must include suffix	
Dear S	ir or Madam:				
"Certif		or "Certificate of C	Good Stand	authorization to Transact Bi ling" and check are submitt s in Florida.	
Please	return all correspon	dence concerning t	his matter t	o the following:	
			ADRIANA	LANCHEROS	
			Name of P	erson	
			Firm/Comp	any	
		1650 1	N UNIVERS	SITY DR.	
			Addres	S	
		PE	MBROKE P	PINES, FL 33024	
		Ci	ty/State and	d Zip code	1
		ala	mcheros@ya	ahoo,com	
		E-mail address: (10	be used fo	r future annual report notifi	cation)
For fur	ther information cor	ncerning this matte	r, please ca	n:	
ADRIA	NA LANCHEROS	at (	305	8482584	
	Name of Person		Area Code	Daytime Telephone	Number
	STREET/COURI Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	on rations nhassee treet, Suite 810		MAILING ADDI Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 3.	on rations
Please n	ed is a check for the make check payable to 00 Filing Fee		RTMENT C e & □ :		\$87.50 Filing Fee. Certificate of Status & Certified Copy

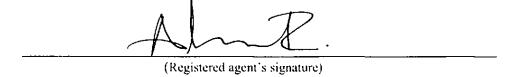
### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

GREAT	GREAT SUNSET CORP							
	corporation; must include "INCORPORATED Corp." "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	,					
GREAT SUNS	ET 2 CORP							
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)					
DELAWARE		3 85-2326663						
(State or countr	ry under the law of which it is incorporated)	(FEI number, if applicable)						
4. 07/29/2020	5.	N/A						
	of incorporation)	(Date of duration, if other than perpetual)						
6. N/A								
1650 N UNIVE	(SEE SECTIONS 607.1501 & 607.1 RSITY DR. PEMBROKE PINES, FL 33024	n Florida, if prior to registration) 502, F.S., to determine penalty liability	y)					
/·	(Principal off	ice street address)						
	•		· 5					
	(Current maili	ng address, if different)						
8. Name and stree	et address of Florida registered agent: (P.G	O. Box <u>NOT</u> acceptable)	1 ·					
Name:	ADRIANA LANCHEROS							
Office Address:	1650 N UNIVERSITY DR.	<u> </u>	<u>လ</u> က					
	PEMBROKE PINES	, Florida <sup>33024</sup>						
	(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.



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.

#### A. DIRECTORS Sergio Luis Pedraza Katich □ Chairman Name: \_\_\_\_\_ ☐Chairman 1650 N UNIVERSITY DR. Address: □ Vice Chairman □Vice Chairman Address: PEMBROKE PINES,FL 33024 ■ Director □ Director □President □ President □Vice President \_\_\_\_\_ ☐ Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other □Other ☐Chairman Name: \_\_\_\_\_ □ Chairman Name: □Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman Address: □ Director □ Director □ President □President □Vice President ☐ Vice President □ Secretary □ Treasurer □ Secretary ☐Treasurer □Other □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □ Chairman □ Chairman Name: \_\_\_\_\_ Name: □Vice Chairman Address: □Vice Chairman Address: □Director ☐ Director □President □President □Vice President □ Vice President □ Secretary □Treasurer □ Secretary □Treasurer ☐ Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number /1 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. SERGIO LUIS PEDRAZA KATICH

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GREAT SUNSET CORP" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF FEBRUARY, A.D. 2021.

Authentication: 202420624

Date: 02-02-21