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10:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION SUNSHINE ASSOCIATES NY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

-S. HAWKES

JAN _ = 2021

Electronic Filing Menu

Corporate Filing Menu

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To: +18506176383

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.

ì	SOCIATES NY, INC.		
(Enter name of e	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATIO	N,"
(If name unavail	able in Florida, enter alternate corporate nas	me adopted for the purpose of transacti	ng business in Florida)
2. New York		3.	
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
4. 01/17/2017	of incorporation)	5,	
	of incorporation)	(Date of duration, if other	than perpetual)
6.			
··· <u></u>		is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabi	lity)
7 1835 E Hallandal	le Beach Blvd, Unit 252, Hallandale Beach,	FL 33009	
^ 	(Principal	office <u>street</u> address)	
1835 E Hallanda	le Beach Blvd, Unit 252, Hallandale Beach.		
	(Current ma	iling address, if different)	
8. Name and stree	et address of Florida registered agent: (Veorp Services, LLC	P.O. Box NOT acceptable)	70 20 20
Office Address:	1200 South Pinc Island Road		
	Plantation	, Florida <u>33324</u>	
	(City)	(Zip code)	1
Q. Ragisterad 20	ent's acceptance:		
Having been nan designated in this further agree to c	ned as registered agent and to accept se application, I hereby accept the appoin comply with the provisions of all statute with and accept the obligations of my	inment as registered agent and ag es relative to the proper and compl	ree to act in this capacity. T
_	Nlimi Sanik	nd	
	(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.

From: Vcorp Services, LLC

A. DIRECTORS

□ Chainnan	Mordechai Gluck	□ Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Unit 252	□ Director		
President	Hallandale Beach, FL 33009	□President		
□Vice President		□ Vice President		
Secretary	☐Treasurer	☐ Secretary	☐Treasure:	
□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	
□Chainnan	Namc:	Chairman	Name:	
□Vice Chairman	Address:	. □Vice Chairman	Address:	
Director		Director		
□President		□ President		
□Vice President		□Vice President		
□ Secretary	☐Treasurer	Secretary	Treasurer	
Other	□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. 12. Signature of Director or Officer				

2022-02-01 18:43:46 GMT

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.

STATE OF NEW YORK

18886118813

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

SUNSHINE ASSOCIATES NY, INC. **Entity Name:**

5068610 DOS ID Number:

Page: 2 of 5

DOMESTIC BUSINESS CORPORATION Entity Type:

EXISTING **Entity Status:** 01/17/2017 Date of Initial Filing with DOS:

CURRENT Statement Status:

Statement Due Date: 01/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

CERTIFICATE OF INCORPORATION Document Type:

01/17/2017 Date of Filing:

SUNSHINE ESTATES DEVELOPERS INC. Entity Name:

CERTIFICATE OF AMENDMENT Document Type:

Date of Filing: 07/28/2020

SUNSHINE ASSOCIATES NY, INC. Name Changed To:

BIENNIAL STATEMENT Document Type:

01/25/2022 Date of Filing:

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



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WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 01, 2022 at 01:33 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

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