# V22000000916

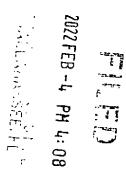
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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S. FRANKLIN FEB 1 7 2022

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: SUNDIAL ENTERPRISE	ES, INC.		
	ne of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation"	ate of Good Standi	ng" and check are submitted to i	
Please return all correspondence conc	erning this matter to	the following:	
CHARLES VAUGHN			
	Name of Po	erson	201
CV TAX ADVISORY, LLC			2022 FEB
	Firm/Comp	any	8
25 N MARKET STREET			
·	Address	3	PH 4: 08
JACKSONVILLE, FL 32202			- 1965 - 五 ** - 1965 - 五 **
	City/State and	Zip code	8
CVTAXHELP@GMAIL.COM			
E-mail add	ress: (to be used for	future annual report notification	n)
For further information concerning the	is matter, please cal	1:	
CHARLES VAUGHN	904 at (	) 424-3519  Daytime Telephone Num	
Name of Person	Area Code	Daytime Telephone Num	iber
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following Please make check payable to: FLORID/ \$\infty\$ \$70.00 Filing Fee \$\simegup\$ \$78.75 F  Certification	A DEPARTMENT Ciling Fee &	\$78.75 Filing Fee &  \$87 Certified Copy  Cer	.50 Filing Fee, tificate of Status & tified 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.

	orporation: must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	)," "C(	MPANY," "CORPORATION,	,,		-
(If name unavail	able in Florida, enter alternate corporate nam	e adopt	ed for the purpose of transacting	business in F	lorida)	-
2. MA			26-3441748			
2. (State or country under the law of which it is incorporated)			(FEI number, if applicable)			-
4. 09/11/2008	5					
(Date of incorporation)			(Date of duration, if other than perpetual)			•
6. 03/01/2022						
OS NIMA DIFETT	(Date first transacted business (SEE SECTIONS 607.1501 & 607.			<i>y</i> )		
7	STREET, JACKSONVILLE, FL 32202	~~				-
25 NAADZET	(Principal of STREET, JACKSONVILLE, FL 32202	itice <u>str</u>	eet address)			
23 N WIARRET			1.00	_		
8. Name and <u>stree</u> Name:	ct address of Florida registered agent: (P.  CV TAX ADVISORY, LL		ress, if different)  ( <u>NOT</u> acceptable)	: : : : : : :	2022 FEB -4	222
Office Address:	25 N MARKET STREET	_		CA TAC TAC TAC TAC TAC TAC TAC TAC TAC T	PM 4: 08	7
	JACKSONVILLE		. Florida <sup>32202</sup>		<del></del>	
	(City)	··	(Zip code)	r	æ	

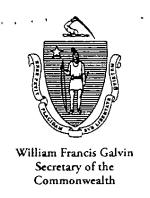
#### 9. Registered agent's acceptance:

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.

(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.

A. DIRECTORS						
□Chairman	Name: FRANCISCA J TOCCI	□Chairman	Name:			
□Vice Chairman	Address: 25 N MARKET STREET	□Vice Chairman	Address:			
□ JACKSONVILLE, FL 32202		□Director		<u> </u>		
President		□President				
□Vice President		□Vice President				
Secretary	Treasurer	□Secretary		□Treasurer		
□Other	Other	Other	<del> </del>	□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman				
Director		Director				
□President		☐ President				
□Vice President		□Vice President				
☐Secretary	☐Treasurer	Secretary				
Other	Other	□Other		□Other		
				2022FEB		
□Chairman	Name:	□Chairman	Name:	FE B		
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director		m, = i		
□President		□President		FC. 08		
□Vice President		□Vice President				
□Secretary	□Treasurer	Secretary		□Treasurer		
□Other	Other	□Other		□Other		
12. The officer or direction is aware that for	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department Signature of Director of Color signing this document (and who is listed in numberalse information submitted in a document to the Department.	or Officer	eport form.	d herein are true and that he or		
s.817.155, F.S. FRANCISCA	A J TOCCI, DIRECTOR & PRESIDENT					



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: January 31, 2022

To Whom It May Concern:

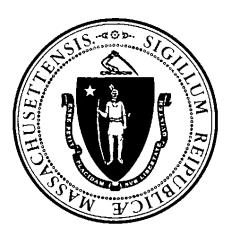
I hereby certify that,

#### SUNDIAL ENTERPRISES, INC.

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on October 02, 2008.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galein

Certificate Number: 22020003070

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: NMa