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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

T. LEMIEUX  
MAY 27 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNRISE VACATION PROPERTIES INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANTHONY MORALES

Name of Person

MYUSACORPORATION.COM

Firm/Company

1 RADISSON PLAZA, SUITE 800

Address

NEW ROCHELLE, NY 10801

City/State and Zip code

info@myusacorporation.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY MORALES

at ( 877 ) 330-2677

Name of Person

Area Code

Daytime Telephone Number

**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 Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☒ \$78.75 Filing Fee &  
Certified Copy

☐ \$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.*

1. SUNRISE VACATION PROPERTIES INC.

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

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

2. CANADA

(State or country under the law of which it is incorporated)

3.

98-1566911

(FEI number, if applicable)

4. 03/08/2005

(Date of incorporation)

5.

(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)

7. 332 BROWNRIDGE DR, THORNHILL, ONTARIO CANADA L4J 5X1

(Principal office street address)

(Current mailing address, if different)

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

Name: INCorp SERVICES, INC.

Office Address: 17888 67TH COURT NORTH

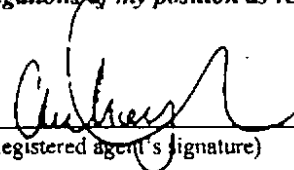
LOXAHATCHEE, Florida 33470

(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.*

  
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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TALLAHASSEE, FLORIDA

**A. DIRECTORS**

☐ Chairman Name: SVETLANA NEYOLOVA  
☐ Vice Chairman Address: 332 BROWNRIDGE DRIVE  
☒ Director THORNHILL ON L4J 5X1 CANADA  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: ALEXANDER TKACHENKO  
☐ Vice Chairman Address: 61 FISHERVILLE ROAD  
☒ Director TORONTO, ON M2R 3B8 CANADA  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: ROMAN NEYOLOV  
☐ Vice Chairman Address: 332 BROWNRIDGE DRIVE  
☒ Director THORNHILL, ON L4J 5X1 CANADA  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ 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

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. SVETLANA NEYOLOVA, Director  
(Typed or printed name and capacity of person signing application)



## Certificate of Existence

*Canada Business Corporations Act*  
s. 263.1(1)(c)

## Certificat d'existence

*Loi canadienne sur les sociétés par actions*  
art. 263.1(1)

SUNRISE VACATION PROPERTIES INC.

Corporate name / Dénomination sociale

635975-2

Corporation number / Numéro de société

I HEREBY CERTIFY that the corporation  
named above was in existence under the  
*Canada Business Corporations Act* on 2022-  
05-02 (YYYY-MM-DD).

JE CERTIFIE, par la présente, que la société  
ci-dessus mentionnée existait en vertu de la  
*Loi canadienne sur les sociétés par actions*  
le 2022-05-02 (AAAA-MM-JJ).

Hantz Prosper

Director / Directeur

2022-05-02

Issuance date (YYYY-MM-DD)

Date d'émission (AAAA-MM-JJ)

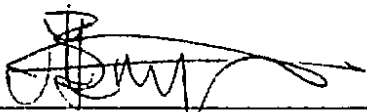
**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation ("Grantor"), does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as its attorney-in-fact ("Attorney-in-Fact"). This Special and Revocable Limited Power of Attorney hereby revokes any and all former powers of attorney given by Grantor to Attorney-in-Fact.

Attorney-in-Fact shall have the limited power and authority to undertake, commit and perform only the following acts on Grantor's behalf to the same extent as if Grantor had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of Grantor, for entities which MyUSACorporation.com, a Wyoming corporation, has purchased resident agent service on or through their account with Grantor. After each exercise of such authority, Attorney-in-Fact shall notify Grantor of the same.

TERMINATION: Unless sooner revoked or terminated by Grantor, this Special and Revocable Limited Power of Attorney shall become NULL and VOID from and after December 31, 2022.



\_\_\_\_\_  
Louise Breytenbach, Chief Operating Officer

Dated: January 12, 2022

STATE OF NEVADA            )  
  ) ss  
COUNT OF CLARK         )

This Special and Revocable Limited Power of Attorney was acknowledged before me on January 12, 2022, by Louise Breytenbach, as Chief Operating Officer of InCorp Services, Inc., a Nevada corporation.



\_\_\_\_\_  
Notary Public in the State of Nevada

My Commission Expires: \_\_\_\_\_

