F23000004169

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





100411419451

06/30/23--01010--012 **87.50

2822 C. C.2 ITH 6: 23

T. LEMIEUX

COVER LETTER

то:	Registration Section Division of Corporations					
SHRI	ECT: Sunrise Systems Electro	nies Co., Inc.				
3010	N:	ame of corporation -	must include suffix			
Dear S	ir or Madam:					
"Certif	iclosed "Application by Foreig ficate of Existence," or "Certif referenced foreign corporation	icate of Good Standi	ng" and check are submi			
Please	return all correspondence con	cerning this matter to	o the following:			
Kelley	Sullivan-White					
		Name of Pe	erson			
Sunrise	2 Systems Electronics Co., Inc.					
		Firm/Comp	any			
720 W	ashington Street					
		Addres	8			
Pembro	oke, MA 02359					
		City/State and	l Zip code			
accoun	iting@sunrisesesatech.com	1	C	:/*		
	n-man ag	dress: (to be used to	r future annual report not	incation)		
For fu	rther information concerning t	his matter, please cal	11:			
Kelley	Name of Person Area Code Daytime Telephone Number					
	Name of Person	Area Code	Daytime Telepho	ne Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	_	DA DEPARTMENT O	OF STATE \$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.

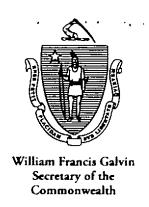
Sunrise Systems	Electronics Co., Inc.		
	orporation: must include "INCORPORATED." orp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,	
(If name unavaila	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	business in Florida)
Massachusetts	٠, 4	6-5427933	
2. Massachusetts (State or country under the law of which it is incorporated) 3. 4		(FEI number, if applicable)	
04/17/2014	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
Pending			
	(Date first transacted business in t (SEE SECTIONS 607.1501 & 607.150		9
720 Washington S	Street, Pembroke, MA 02359		
	(Principal office	e <u>street</u> address)	
			<i>₹</i> -
	(Current mailing	address, if different)	ال الاط الاط الاط
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Corporation Service Company		1 . c
Office Address:	1201 Hays Street		
ince Address:	T. II. 1	22201	. ල වැ
	Tallahassee	Florida	ω
	(City)	(Zip code)	
laving been nam esignated in this urther agree to c	ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes re- with and accept the obligations of my posi-	ent as registered agent and agree lative to the proper and complete	to act in this capac
	Tyler Gates (Registered agent's sig		· · ·
	(Registered agent's sig	mature)	

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.

⊟Chairman	Zartosht Farahmand Name:	□Chairman :	Name:	
	720 Washington Street			
☐ Director	Pembroke, MA 02359	□Director		
■ President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
□ Chairman	Name:	□Chairman	Name:	
	720 Washington Street			
Director	Pembroke, MA 02359	□ Director		
■President		□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

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.

Eric Harrington, President



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: June 20, 2023

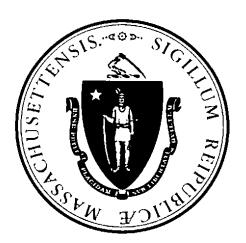
To Whom It May Concern:

I hereby certify that,

SUNRISE SYSTEMS ELECTRONICS CO. INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on April 17, 2014.

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 Travino Galecin

Certificate Number: 23060431710

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

Processed by: pho-