

F9900000 2394

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

W99-10668

SUBJECT: Sunrise National Distributors, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

00789 - 00647 - 00071

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Shannon Armstead

(Name of Person)

Sunrise National Distributors, Inc.

(Firm/Company)

6004 Westside Saginaw Rd.

(Address)

Bay City, MI 48706

(City/State/Zip)

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DIVISION OF CORPORATIONS
99 MAY - 4 PM 4:44

Should you need to call someone concerning this matter, please call:

300002864273-1

-05/05/99-01100-002

*****78.75 *****78.75

Shannon Armstead

(Name of Person)

at (517) 684-6128.

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Name
Availability
Document Examiner
Updater
Uncler
Verifier
Acknowledgement
P. Verifier

Enclosed is a check for the following amount:

☐ \$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 National Distributors, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Michigan 3. 38-3011869
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-1-91 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 5-1-99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 6004 Westside Saginaw Rd
Bay City MI 48706
(Current mailing address)

8. Wholesale Distribution of Aftermarket Automotive Accessories
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Scott Carmona

Office Address: 10577 Rocket Blvd Unit D
Orlando, Florida, 32824
(Zip code)

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10. 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.

Scott L Carmona
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Scott L. Caemone
Address: 10577 Rocket Blvd Unit D
Orlando FL 32824

Vice Chairman: _____
Address: _____

Director: Shannan Armstead
Address: 6004 Westside Saginaw Rd
Bay City MI 48706

Director: Donna Armstrong
Address: 6004 Westside Saginaw Rd
Bay City MI 48706

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Scott L. Caemone
Address: 10577 Rocket Blvd Unit D
Orlando FL 32824

Vice President: _____
Address: _____

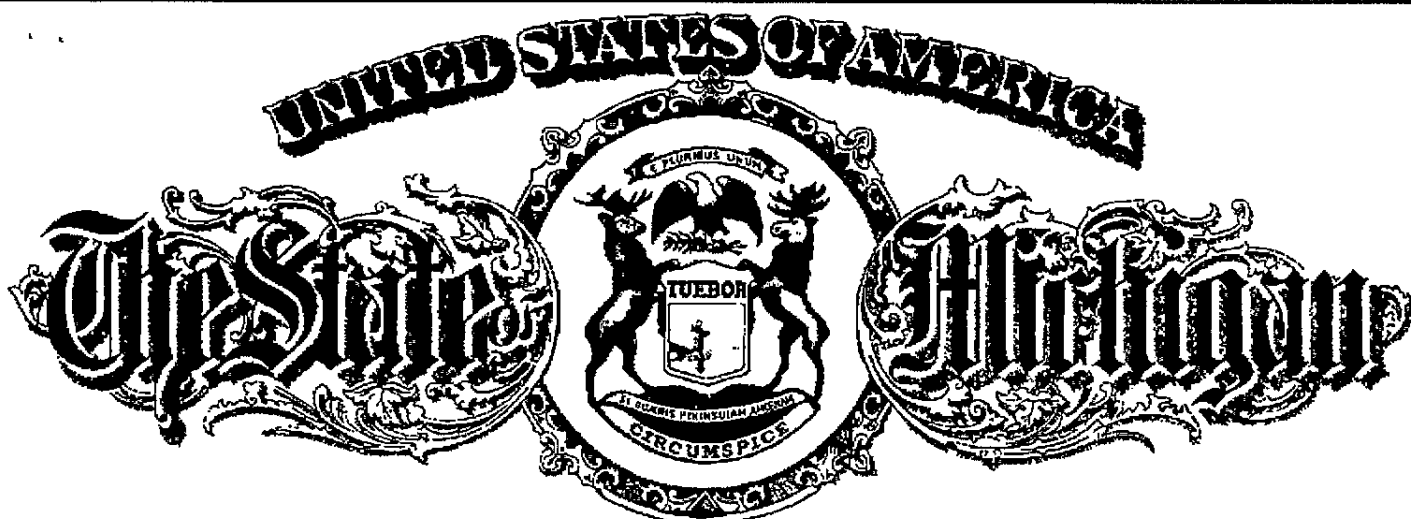
Secretary: _____
Address: _____

Treasurer: Shannan Armstead
Address: 6004 Westside Saginaw Rd
Bay City MI 48706

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Scott L. Caemone
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Scott L. Caemone
(Typed or printed name and capacity of person signing application)



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

SUNRISE NATIONAL DISTRIBUTORS, INC.

was validly incorporated on September 30, 1991, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing in this office as of this date and is duly authorized to transact business or conduct affairs in Michigan and for no other purpose. It is in the usual form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 7th day of May, 1999.

Julie Croll

, Director

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Corporation, Securities and Land Development Bureau