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EXAMINER

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SECRETARY OF STATE DIVISION OF CORPORATIONS



ACCOUNT NO. : I2000000195

REFERENCE: 596354 7761767

AUTHORIZATION

COST LIMIT

ORDER DATE: December 2, 2010

ORDER TIME : 2:23 PM

ORDER NO. : 596354-005

CUSTOMER NO: 7761767

FOREIGN FILINGS

NAME: SUNDAY MORNING HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER:

COVER LETTER

	ration Section on of Corporations				1
SUBJECT:	Sunday	Mornin	of Holding	s LLC	
	J	Name	of Limited Liability Com	pany [*]	
					ess in Florida," Certificate of transact business in Florida
Please return all	l correspondence conc	erning this matte	to the following:		
		Van	Anderson Name of Person		
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
	Sunday	Morn	ing Holding	gs, LLC	
	5201	Blue L	agoon Dni	ve, Ste 90	0
			Address		
	Mich	i. FL	33126 City/State and Zip Code		
		(City/State and Zip Code		
	Van. unde	rson a d	e used for future annual i	eport notification)	
For further info	rmation concerning th.	s matter, please o	all:		
Isoka <u>Mah</u>	inkanda or Va	n Anderso	n at (305 Area Code & Daytime	600 4529	× 238
	Name of Pe	erson	Area Code & Daytime	Telephone Number	
Divisio Registr	ING ADDRESS: on of Corporations ration Section ox 6327	D R	TREET ADDRESS: Division of Corporations egistration Section lifton Building		
	assee, FL 32314	2	661 Executive Center Cir allahassee, FL 32301	cle	
Enclosed is a	check for the follo 0 Filing Fee \$\infty\\$13'\\Cer	owing amount: 0.00 Filing Fee & tificate of Status	\$155.00 Filing Fee Certified Copy	& [\$160.00 Filing of Status & Co	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STA LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN	TUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN THE STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must	include "Limited Liability Company," "L.L.C.," or "LLC.")
	urpose of transacting business in Florida and attach a copy of the written alternate name. The alternate name must include "Limited Liability
Dolaware	3 27 - 4116225
(Jurisdiction under the law of which foreign limited liabil company is organized)	3. 27-4116225 (FEI number, if applicable)
1. 11 - 04 - 2010 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to
(Date of Organization)	evict or "nernetual")
j	
(Date first transacted business i (See sections 608,501 & 608,502	n Florida, if prior to registration.) F.S. to determine penalty liability)
1. 5201 Blue Lagoon Driv	n Florida, if prior to registration.) F.S. to determine penalty liability) Ste 900
Miami, FL 33126 (Street Add	ress of Principal Office)
/ (Street Add	ress of Principal Office)
7. The name and usual business addresses of the n	managing members or managers are as follows:
5201 Blue Lagoon Driv	e Ste 900
Miami Fl 33126	
ne jurisdiction under the law of which it is organized. (A photo anslation of the certificate under oath of the translator must be	•
1. Nature of business or purposes to be conducted	d or promoted in Florida: Invastment Italing
Signature of a sample	authorized representative of a member.
	execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein ar	re true. I am aware that any false information submitted in a tutes a third degree felony as provided for in s.817.155, F.S.)
	nderson
Typed or prin	nted name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the	e Limited Liab	oility Compa	any is:			
Suna	tay	Morni	09 19	loldings	LLC	
If unavailable, the	9		Ŭ		,	
2. The name and t	he Florida stre	et address o	of the register	ed agent and	office arc:	
_	Cor	soration	<u>, S</u>	ervice	Company	
	,		(Name)		,)	
	1201	Hai	,s St-	reet		
	Flori	da Street Addi	ess (P.O. Box	NOT ACCEPTA	BLE)	
_	Tallah	a5582	FL City/State/2	32301		
			City/State/2	Lip		
liability company at agent and agree to relating to the prop	t the place desi act in this cape er and comple osition as regis	ignated in the acity. I furth the performant stered agent (ST gna)	is certificate, per agree to conce of my duties as provided for Killing	I hereby accomply with the ies, and I am for in Chapter mberly B. as its again.		registered tutes ept the
		\$ 100.00 \$ 25.00		for Applicati 1 of Register		
		\$ 30.00		opy (optiona		

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SUNDAY MORNING HOLDINGS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE SECOND DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNDAY MORNING HOLDINGS, LLC" WAS FORMED ON THE FOURTH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4894114 8300

101144090

Jeffrey W. Bullock, Secretary of Sta AUTHENTY CATION: 8395049

DATE: 12-02-10

You may verify this certificate online at corp.delaware.gov/authver.shtml