

M1400000 4015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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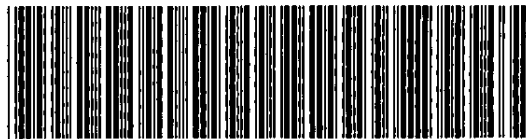
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 10 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSET CONNECTIONS LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

SAMARA GONZALEZ

Name of Person

Firm/Company

PO BOX 9023275

Address

SAN JUAN PR 00902-3275

City/State and Zip Code

samara@sunset.com.mx

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

For further information concerning this matter, please call:

SAMARA GONZALEZ

Name of Contact Person

at (917)

Area Code

734-1947

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. SUNSET CONNECTIONS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SUNSET CONNECTIONS US LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. PUERTO RICO

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 66-0816125

(FEI number, if applicable)

4.

5/5/14

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5.

1900 TAMiami TRl N

NAPLES, FL 34102

(Street Address of Principal Office)

6.

PO BOX 9023275

SAN JUAN, PR 00902-3275

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

SAMARA GONZALEZ - mgr

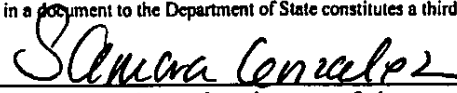
PO BOX 9023275

SAN JUAN, PR 00902-3275

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)


Typed or printed name of signee

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2014 JUN -6 PM12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Limited Liability Company is:

SUNSET CONNECTIONS LLC

If unavailable, the alternate to be used in the state of Florida is:

SUNSET CONNECTIONS US LLC

2. The name and the Florida street address of the registered agent and office are:

Hector L. Figueroa

(Name)

746 Haddonstone Cir Apt 104

Florida Street Address (P.O. Box NOT ACCEPTABLE)

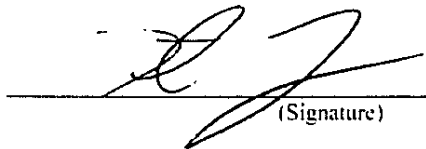
Lake Mary

FL

32746

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.


(Signature)

S 100.00	Filing Fee for Application
S 25.00	Designation of Registered Agent
S 30.00	Certified Copy (optional)
S 5.00	Certificate of Status (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



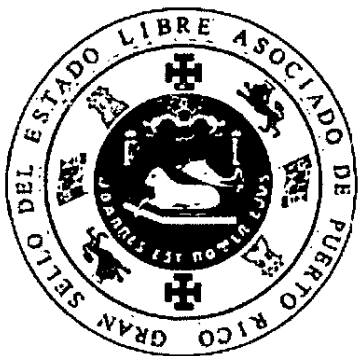
Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

CERTIFICATE OF EXISTENCE

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, **SUNSET CONNECTIONS LLC**, registry number **334588**, is a **domestic for profit limited liability company**, organized on **January 30, 2014**, in accordance to the General Corporations Law, as amended.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **May 29, 2014**.

DAVID E. BERNIER RIVERA
Secretary of State

To validate this certificate go to: <http://www.estado.gobierno.pr>

This certificate can be validated up to 5 times before its expiration date of 25-Nov-2014.

Certificate Validation Number: **77062-33813804**