# M 1500001238

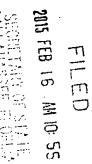
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
•	•	·
PICK-UP	☐ WAIT	MAIL
/Bu	siness Entity Nar	ma)
(50	Siness Citity Nai	110)
····· <u>-</u>		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
		]
		1
		1

Office Use Only



100268719461

01/30/15--01024--004 \*\*125.00





## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2015

KRISHNA RAMNANAN 6600 HIGH RIDE ROAD BOYNTON BEACH, FL 33426

SUBJECT: SUNCORE INDUSTRIES FLORIDA LLC

Ref. Number: W15000009259

We have received your document for SUNCORE INDUSTRIES FLORIDA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

List the name in line 1 the way it is registered in Nevada. List the alternate name on correct space.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 815A00002611

#### COVER LETTER

TO: Registration Section
Division of Corporations

## SUNCORE INDUSTRIES FLORIDA LLC.

SUBJECT:

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:

#### KRISHNA RAMNANAN

Name of Person

### SUNCORE INDUSTRIES FLORIDA LLC.

Firm/Company

#### 6600 HIGH RIDGE ROAD

Addres

## **BOYNTON BEACH, FL. 333426**

City/State and Zip Code

## SUNCORECORP@GMAIL.COM

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

For further information concerning this matter, please call:

#### KRISHNA RAMNANAN

,561

450-7394

Name of Contact Person

Area Code

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 TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SUNCORE INDUSTRIES LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") SUNCORE INDUSTRIES FLORIDA 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.") NEVADA (Jurisdiction under the law of which foreign limited liability company is organized) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2095 NORTH ANDREWS AVE EXT. POMPANO BEACH, FL. 33069 (Street Address of Principal Office) 2095 NORTH ANDREWS AVE EXT. POMPANO BEACH, FL. 33069 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: JOE MICHAELS, GENERAL MANAGER, 2095 NORTH ANDREWS AVE EXT, POMPANO BEACH. FL 33069 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) Michaels

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.)

JOE MICHAELS

Typed or printed name of signee

# 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:	
SUNCORE INDUSTRIES LLC.	
If unavailable, the alternate to be used in the state of Florida is:	
SUNCORE INDUSTRIES FLORIDA LLC.	
2. The name and the Florida street address of the registered agent and office are:	
JOE MICHAELS	ASS FE
(Name)	置きて
2095 NORTH ANDREWS AVE EXT	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	700
POMPANO BEACH FL 33069	· 多5

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.

City/State/Zip

fre Michaels
(Signature)

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



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, SUNCORE INDUSTRIES LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 15, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 2, 2015.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20150202-0754
You may verify this electronic certificate
online at http://www.nvsos.gov/