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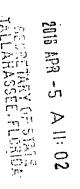
FLORIDA DEPARTMENT OF STATE Division of Corporations

March 4, 2016

JEFFREY A. THOMAS 207 COLLINS AVENUE LURAY, VA 22835

SUBJECT: SHINE ENTERPRISES, LLC

Ref. Number: W16000016315



We have received your document for SHINE ENTERPRISES, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$125.00.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

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.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 016A00004523

COVER LETTER

TO:	Registration Section Division of Corporation	ons				
eu n n	POT.	SHINE Enterpris	ses, LLC			
SUBJI	BCI:	Name of Lim	ited Liability	Company		
The en	iclosed "Application by Fonce, and check are submitted	. oreign Limited Liability Company ed to register the above reference	for Authorized foreign lim	ation to Transact Busing ited liability company to	ess in Florida," Co o transact business	ertificate of in Florida
Please	return all correspondence	concerning this matter to the following	owing:	•		
		Jeffrey A	Thomas	,		
	,	Name	of Person			
•		SHINE Systems &	technologic	es		
		Firm/	Company			
	••	207 Collin	s Avenue			
	-	· A	ddress			
		Luray, V	A 22835		JAL SI	
	,	City/State	and Zip Code	:	AHA PA	
٠,	,	spresgraves@s	•		TAKE ASS	
F 6	41 to C	E-mail address: (to be used for	future annua	l report notification)		
ror tur	ther information concerning	on Presgraves	540	652-0150	II: 02	·
		of Contact Person	,	_)	-F.,;"	٠
	1		riiga coac	,		
	MAILING ADDRESS Division of Corporation			STREET ADDRESS Division of Corporati		
	Registration Section			Registration Section		
	P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Tallahassee, FL 3230		
Enclos	ed is a check for the follow	wing amount:				
	■ \$125.00 Filing Fee	□ \$130.00 Filing Fee & □	l \$155.00 Fili ertified Copy). Filing Fee, Certi & Certified Copy	ficate

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

	CTION 605.0902, FLORIDA STATUTES, USINESS IN THE STATE OF FLORIDA:	THE FOLLOW	NG IS SUBMITTED TO REGIST	TER A FOREIGN LIMITED LIABIL.
l. '	SHINE Enterprises, LLC			
(Name of For	eign Limited Liability Company; must	include "Limi	ed Liability Company," "L.L.C	," or "LLC.")
If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose or "LLC.")	of transacting l	ousiness in Florida. The alterna	te name must include "Limited
VA		3	26-0871283	
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	(FEI number, if appli	icable)
l	December 1, 2015			
	(Date first transacted business (See sections 605.0904 & 605.0	s in Florida, if 905, F.S. to de	orior to registration.) termine penalty liability)	
Or	ne Morton Drive, Suite 100			· .
Ch	parlottesville, VA 22903	:	·	
	(Street Address of Pr	incipal Office)	,	
	7 Collins Avenue			A
Lu	ray, VA 22835			pm a M.
	(Mailing Ac	ddress)		22 22
. Name and street address	ss of Florida registered agent: (P.C	. Box <u>NOT</u>	acceptable)	ARCT PR
Name:	Jeffrey A. Thomas			િક્ષ્ટિંદ ા
Office Address:	4017 W. Martin Luther King Jr.	Blvd.		
	Tampa		, Florida 33614	
•	(Çity)		(Zip cod	(e) (R) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
esignated in this applicate complywith the provision	rgistered agent and to accept service tion, I hereby accept the appointments on sof all statutes relative to the promy position as registered agent.	ient as registe	ered agent and agree to act	l liability company at the place in this capacity. I further agr
	(Register	ed agent's sign	ature)	
R. The name title or can	city and address of the person(s) v	vho has/have	authority to manage is/are:	
•	Roger Jones, Office Manager, SH		· · · · · · · · · · · · · · · · · · ·	
	4017 W. Martin Luther King Jr.			
	Tampa, FL 33614			
Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 days of which it is organized. (If the cerubmitted)	tificate is in a	foreign language, a translat	iving custody of records in the ion of the certificate under oath
This document is executed ubmitted in a document to	l in accordance with section 605.02 the Department of State constitute	03 (1) (b), Fl	orida Statutes. I am aware th	at any false information s.817.155, F.S.
•	Jeffrey A. T	homas		
	Typed or pri	nted name of s	ignee	, ,,,

Commonbrealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Shine Enterprises, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is September 6, 2007; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date: April 6, 2016

Joel H. Peck, Clerk of the Commission



CISECOM Document Control Number: 1604065442