# MIL 2000 04305

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2016

RAMONA M HUNT SUNRISE ENTERPRIZE, LLC 819 LINCOLN AVE. EMMETT, ID 83617

SUBJECT: SUNRISE ENTERPRIZE, LLC

Ref. Number: W16000016026

We have received your document for SUNRISE ENTERPRIZE, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please list the complete principal office address.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 316A00009726

#### COVER LETTER

TO:

ГО:	Registration Section Division of Corporations						
SUBJI	ест: <u>S</u>	unvise Enterp	rize LC f Limited Liability Company				
				ansact Business in Florida," Certificate of y company to transact business in Florida			
Please	return all correspond	lence concerning this matter to the	e following:				
-	<del></del>	Ramona J	furt				
			exterprine LL	C			
	·	680 Ashi					
		Orange (	Park FL 3 State and Zip Code	2065			
	<del> </del>	Ken@sung E-mail address: (to be use	ISCENTER PRIZE ed for future annual report no	e, com			
For fur	ther information con	cerning this matter, please call:					
	Ran	nona M. Hunt Jame of Contact Person	at ( 208 ) 36 Area Code Day	9 - 176 O vtime Telephone Number			
	MAILING ADDI Division of Corpor Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on	Division Registrat Clifton E 2661 Exc	of Corporations ion Section suilding ecutive Center Circle see, FL 32301			
Enclose	ed is a check for the \$125.00 Filing		□ \$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 SECTI COMPANY TO TRANSACT BUS	ION 605.090. TLOI SINESS IN THE STA	RIDA STATUTES, THE FOL TE OF FLORIDA:	LOWING IS SUBMITTED	TO REGISTER A F	FOREIGN LIMI	TED LIABILITY
	e Enter	r Drize, LLC y Company; must include "	Limited Liability Compa	nv." "L.L.C" or "	LLC.")	
(If name unavailable, enter alte Liability Company," "L.L.C." (		d for the purpose of transac	ting business in Florida.	The alternate name	e must include '	"Limited
2. Nevada (Jurisdiction under the law of	• -	3	/EI21	ber, if applicable)		
company is organized)	i which foreign tun	med habinty	(rist num	iber, ii applicable)		
4	(Date first tr	ransacted business in Florid	la, if prior to registration	.)		
	(See sections 6	ransacted business in Florid 05.0904 & 605.0905, F.S.	to determine penalty liab	oility)		
5	8/7	aincoln	Ave_			
	Emr	nett Idal	10 8361	7		
6.	$Q_1Q_1$	eet Address of Principal O	Man.			
o	<u> </u>	14 01	1 021			. }
	Em	Mailing Address)	cho 8361		27 Aid (58)	Kusume Business
7. Name and street address	of Florida registe	ered agent: (P.O. Box N	IOT acceptable)			D Care to March
Name:	Ram		. ,		7:2	( )
Office Address:	68D	Ach word	St		25	
Office Address.	<u> </u>	unne Parle	71	32065 30245	•	
	$\bigcirc$	(City)	, Florida	(Zip code)		
Registered agent's accepta Having been named as regi		to accept service of pro	ocess for the above sta	ted limited liabil	itv company a	t the place
designated in this application to complywith the provision	on, I hereby acce	ept the appointment as r	egistered agent and ag	gree to act in this	capacity. If	urther agree
accept the obligations of m			a complete perjormai	ice of my aunes,	ana i am jan	iiiar waa unu
_	(ta	monte 00821	unt			
		(Registered agent'	s signature)			
8. The name, title or capac	ity and address of	f the person(s) who has/l	nave authority to mana	ge is/are:	^	0.1 =1
Kenneth (	Hunt_	director	680 Ash	wood St	, Orang	clark FL 32065 gelask F 3206
Kamona	Hurit-	director	680 AS	hwood?	St, Oran	ge Park F 3206
9. Attached is a certificate o						
jurisdiction under the law of of the translator must be sub		nized. (If the certificate i	s in a foreign language	e, a translation of	the certificate	under oath
	on file	Clamon	actor	ر ا		
_		Signature of an author	orized person			
This document is executed in	in accordance with	h section 605,0203 (1) (l	o), Florida Statutes. I a	m aware that any	false informat	ion .
submitted in a document to t	ne Debattineni oi	1 State constitutes a third	degree reiony as provi	ided for III S.61/.	195, 1.3,	

Typed or printed name of signee

SECRETARY OF STATE



### 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, SUNRISE ENTERPRIZE, 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 April 1, 2015, and is in good standing in this state.

STANDA OF THE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 11, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160211-1281
You may verify this electronic certificate
online at http://www.nvsos.gov/