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(Requesto	r's Name)			
- (Address)				
(Address)				
(City/State	/Zip/Phone #)			
PICK-UP	WAIT MAIL			
. (Business	Entity Name)			
(Documen	t Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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K. SPALY EXAMINER JUN 22

COVER LETTER

TO:

TO:	Registration Section Division of Corporations			
SUBJE	Sunshine Real Estate Partner, LLC T:			
	Name of Limited Liability Company			
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please	turn all correspondence concerning this matter to the following:			
	Sandra Reus			
	Name of Person			
	Sunshine Gasoline Distributors, Inc.			
Firm/Company				
	1650 NW 87th Avenue			
Address				
	Doral, Florida 33172			
	City/State and Zip Code			
	sandy@sunshinegasoline.com			
	E-mail address: (to be used for future annual report notification)			
For furt	er information concerning this matter, please call:			
	David Hendler 305 747-1324 at ()			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Callahassee, FL 32314 Callahassee, FL 32301 Callahassee, FL 32301 Callahassee, FL 32301			
Enclose	is a check for the following amount: \$\Begin{align*} \precequiv \text{\$130.00 Filing Fee & } & \Boxed{\text{\$\subset\$}} \text{\$\$155.00 Filing Fee & } & \Boxed{\text{\$\subset\$}} \text{\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$ Certificate of Status & Certified Copy } \end{align*} \text{\$\subset\$} \$			

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Sunshine Real Estate Pa	artner, LLC		
(Name of Fore	ign Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.C.," o	or "LLC.")
(If name unqueilable auton al	townsta mana adamtad Courth a success of the	Placific Distriction	nan a martin shada Wi imitad
Liability Company ""L. L. C.		ransacting business in Florida. The alternate na	ame must include "Limited
Delaware 2.	3	81- 29 43664	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicabl	ic)
4. June 30, 2016	(Date first transacted business in	Elouido, if arior to registration	·
Corporation Trust Com	(See sections 605.0904 & 605.0905) apany, Corporation Trust Center, 1209	F.S. to determine penalty liability)	
New Castle, Delaware	19801		2016 JUN 20 SECRETARS
	(Street Address of Princi	pal Office)	
66.	Doral, Florida 33172		_ 30 Z
			See In
•	(Mailing Addre	ess)	PH 12: 07
7 Name and street address	s of Florida registered agent: (P.O. B	ov NOT accentable)	7:
7. Ivalle and <u>street addres</u>	Sandra Reus	ox <u>NOT</u> acceptable)	87 S
Name:			T*
Office Address:	1650 NW 87th Avenue		
	Doral	. Florida 33172	
	(City)	(Zip code)	_
Registered agent's accept		of process for the above stated limited lia	hility company at the place
		t as registered agent and agree to act in t	
		er and complete performance of my duti	es, and I am familiar with and
accept the obligations of r	ny position as registered agent.		
			_
	(Registered a	agent's signature)	
8. The name, title or capa	city and address of the person(s) who	has/have authority to manage is/are:	
Maximo Alvarez - Manago	er - 1650 NW 87th Avenue, Doral, Flo	orida 33172	
Sandra Reus - Florida Reg	istered Agent - 1650 NW 87th Avenu	e, Doral, Florida 33172	
			
9. Attached is a certificate	of existence, no more than 90 days of	d, duly authenticated by the official having	g custody of records in the
jurisdiction under the law o	of which it is organized. (If the certific	cate is in a foreign language, a translation	
of the translator must be su	bmitted)		
			<u></u>
	Signature of an	authorized person	
This document is executed	in accordance with section 605.0203	(1) (b), Ptorida Statutes. I am aware that a	ny false information
submitted in a document to	the Department of State constitutes a	third degree felony as provided for in s.81	7.155, F.S.
	Maximo Alvarez Wafun (1	_
	Typed or printed	I name of signce	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SUNSHINE REAL ESTATE PARTNER, 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 FOURTEENTH DAY OF JUNE, A.D. 2016.





5928904 8300 SR# 20164446140 Authentication: 202489117

Date: 06-14-16