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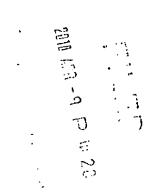
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2018

MAGGIE D GOODMAN 2826 BARRETT RD JACKSONVILLE, FL 32246

SUBJECT: SUNRISE DROPSHIP WORLDWIDE LLC

Ref. Number: W18000030796

We have received your document for SUNRISE DROPSHIP WORLDWIDE LLC and your check(s) totaling \$130.00. 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.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 718A00006448 \sim

RECEIV 018 APR -9 PM DEPARTMENT OF STATE DIVISION OF CORPORATION TALLAHASSEE, FLORED

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	nda. The alt	ternate name must include "Limited Liab	oility Company," "L.L.C," or "LLC.")
NEVADA		3.	82-4854597	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI numb	er, if applicable)
03/19/2018				
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.) iability)	 _
2826 BARRETT RD			2826 BARRETT RD	
(Street Address of Principal Office)		•	(Mailing Addr	
JACKSONVILLE, FL	32246		JACKSONVILLE, FL 3224	16
			<u> </u>	
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)	
Name:	MAGGIE D GOODMAN			
	2826 BARRETT RD			
Office Address:	2820 DARRETT RD			
	JACKSONVILLE		, Florida 32246(Zip code	
Registered agent's accep	(City)		(Zip code	e)
lesignated in this applicate ocomply with the provis	egistered agent and to accept service of pation, I hereby accept the appointment a ions of all statutes relative to the proper as of my position as registered agenty	s registe	ered agent and agree to act	in this capacity. I further ag
lesignated in this applicate ocomply with the provis	ation, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent	s register and con	ered agent and agree to act implete performance of my o	in this capacity. I further ag
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lesignated in this applice ocomply with the provise and accept the obligation	ition, I hereby accept the appointment a ions of all statutes relative to the proper is of my position as registered agent, (Registered agency)	s register and con Agnature)	ered agent and agree to act implete performance of my o	in this capacity. I further as duties, and I am familiar will
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lesignated in this applicate comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity: MANAGER (Use attachments if necessarisdiction under the law of the translator must be seen.) This document is executed.	acity and address of the person(s) who has a same and Address: MAGGIE D GOODMAN 2628 BARRETT RD JACKSONVILLE, FL 32246 ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)	duly aut to is in a	the or Capacity: henticated by the official hard foreign language, a translate, Florida Statutes. I am awar	Name and Address: Name and Address: O Name and Address:

Typed or printed name of signee

MAGGIE D GOODMAN

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 DROPSHIP WORLDWIDE 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 March 19, 2018, 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 April 6, 2018.

Ballons K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180406-0423