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COVER LETTER

TO:

то:	Registration Section Division of Corporations
SUBJI	Reya Sunshine Enterprises, LLC
50091	Name of Limited Liability Company
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of see, 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:
	Cathy Benge
	Name of Person
	Reya Sunshine Enterprises,LLC
	Firm/Company
	1505 Clay Avenue
	Address
	Panama City, Florida 32405
	City/State and Zip Code
	csunshineenterprises@gmail.com
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Cathy Benge 850 819-9072 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, Fl. 32301
Enclo	ed is a check for the following amount: \$\Boxed{\text{S125.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} \& \Boxed{\text{S155.00 Filing Fee}} \& \Boxed{\text{S160.00 Filing Fee}}. Certificate of Status \$Certificate of Status \$Certified Copy \$\Boxed{\text{S160.00 Filing Fee}}. Certified Copy \$\Boxed{\text{S160.00 Filing Fee}}. Certified Copy \$\Boxed{\text{S160.00 Filing Fee}}. Certified Copy

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

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

Nevada	nine adopted for the purpose of transacting busines high foreign limited liability company is organized.			•
(Jurisdiction under the law of wh	nch foreign limited hability company is organized		3. 82-5047441	
N/A				mber, if applicable)
N/A				
	(Date first transacted business in Florida, if	prior to registrat	ion.)	• • • • • • • • • • • • • • • • • • •
	(See sections 605,0904 & 605,0905, F.S. to	determiné penal	ty liability)	
1505 Clay Avenue	No. of Control of Cont	6	1505 Clay Avenue (Mailing Av	hlmes)
Panama City, Florida	тисцы Опес		Panama City. Florida	outcos)
32405			32405	
			32403	
Name and street addres	ss of Florida registered agent: (P.O). Box <u>NO</u> T	<u>[</u> acceptable)	APR 20 AM II. 40
Name:	John Benge	 		
Office Address:	2894 Scenic Drive			Q.F. F
CATILE AUGICSS.		_	77.130	
	Chipley		, Florida <u>32428</u>	
aving been named as re signated in this applica	gistered agent and to accept service tion, I hereby accept the appointn	nent as regi.	(Zip of ss for the above stated limite stered agent and agree to ac	ct in this capacity. I further
aving been named as re signated in this applica comply with the provisi	stance: Sistered agent and to accept service stion, I hereby accept the appointn ions of all statutes relative to the p s of my position as registered agen	nent as regi proper and c	(Zip of ss for the above stated limite stered agent and agree to ac	ct in this capacity. I further
signated in this applica comply with the provisi	stance: rgistered agent and to accept service stion, I hereby accept the appointn ions of all statutes relative to the p s of my position as registered agen John Benge	nent as regi proper and c	(Zip of ss for the above stated limite stered agent and agree to ac	ct in this capacity. I further
aving been named as resignated in this application comply with the provising accept the obligation. The name, title or capa	stance: registered agent and to accept service tion, I hereby accept the appointn ions of all statutes relative to the p s of my position as registered agen John Benge (Registered acity and address of the person(s) v	nent as regi. proper and cont. dagent's signapur	ess for the above stated limite stered agent and agree to accomplete performance of m	ct in this capacity. I further y duties, and I am familiar v
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Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

l, 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, **REYA SUNSHINE ENTERPRISES**, **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 30, 2018, and is in good standing in this state.

Certified By: Paul Reyes Certificate Number: C20180419-0306 IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 19, 2018.

Ballora K. Cegarske

Barbara K. Cegavske Secretary of State