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TO:

#### COVER LETTER

Div	ision of Corporation	is				
SUBJECT:	Sunshine Portfolio 1	A LLC				
		Name of I	limited Liability C	Jompany	<del></del> _	
		eign Limited Liability Comp d to register the above refere				
Please return	all correspondence c	oncerning this matter to the	following:			
	Jonathan Ways	man				
		No	ame of Person			
	JD Acquisition	s INC.				
		Fi	rm/Company		En En	
	3300 Henderso	n Blvd. #206-A				1
			Address		, ,	
	Tampa, FI 3360	99			: > ;	: 1 : フ
	<del></del>	City/St	ate and Zip Code			
	jonathanw@mon	nentumflorida.com				
		E-mail address: (to be used	for future annual	report notification)		
For further in	nformation concerning	g this matter, please call:				
jon	athan waysman		813	331-9756		
	Name o	f Contact Person	Area Code	Daytime Telephon	e Number	
Div Reg P.O	ision of Corporations istration Section . Box 6327 lahassee, FL 32314			STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 32301		
	t check for the follow 125.00 Filing Fee	ing amount:  \$\Bigcup \\$130,00 \text{Filing Fee & Certificate of Status}\$	☐ \$155,00 Filir Certified Copy		Filing Fee, Certificate Certified Copy	

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

IN COMPLIANCE WITH SECTION 608.0602, FLORIDA STATUTEN, THE FOLLOWING IS SURMITTED TO REGISTER A FOREGOV LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting travitiess in F	fords. The alternate name most include "Limite  3. 3.2-0.5	
Delaware chandistion and at the law of w	hield foreign lamined frability company is organizate	3. 3 7 0 5	number, if apulicable)
	(Date first transacted business in Florada, if prior to (See sections (05 090) & 605 0905, U.S. to determ	o registration.) nunc penalty liability)	<del></del>
3300 Henderson Blvd (Street Address of)	#206-a Tampa, Fl 33609	6 3300 Henderson Blvd.	#206-A Tampa, FI 33609 (Address)
			57
	of Florida registered agent: (P.O. Bo Jonathan Waysman	x NOT acceptable)	6
Name:	3300 Henderson Blvd. #206-a		· · · · · · · · · · · · · · · · · · ·
Office Address:			ه ک
	Tampa	, Florida 33609	·~ '
ignated in this application on the provision of the provi	tance:  gistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes retuiting to the prope to of my position as registered agent.	process for the above stated lim as registered agent and agree to	p costes  ited liability company at the plac  act in this capacity. I further ag
ving been named us re ignated in this applica comply with the provis d accept the obligation The name, title or caps	tance: gistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the prope to fmy position as registered agent.  (Registered agent the person(s) who he	process for the above stated lim as registered agent and agree to r and complete performance of significations authority to manage is/a	p coster  ited liability company at the place act in this capacity. I further ag my duties, and I am familiar with
ving been named us re ignated in this applicationally with the provise accept the obligation. The name, title or capacity:	tance:  gistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative in the prope to of my position as egistered agent.  (Registered agent teity and address of the person(s) who h	process for the above stated lim as registered agent and agree to r and complete performance of significations authority to manage is/a Title or Capacity:	p coster  ited liability company at the place act in this capacity. I further ag iny duties, and I am familiar with
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ving been named us re ignated in this applicationally with the provisional accept the obligation. The name, title or capacity:  Jonathan Waysman  se attachments if neces.	sary)  tance:  gistered agent and to accept service of  tion, I hereby accept the appointment of  tions of all statutes relative to the prope  s of my position as registered agent.  (Registered agent  and Address:  3300 Henderson Btvd. #206-  Tampa, Fl 33609	process for the above stated lim as registered agent and agree to r and complete performance of significations authority to manage is/a Title or Capacity: a Jonathan Doron	ited liability company at the place act in this capacity. I further agony duties, and I am familiar with a second
ving been named us re ignated in this applicationally with the provisional accept the obligation. The name, title or capacity:  Jonathan Waysman  See attachments if necessattached is a certificate sediction under the law the translator must be so.  This document is executive.	sary)  tance:  gistered agent and to accept service of  tion, I hereby accept the appointment of  tions of all statutes relative to the prope  s of my position as registered agent.  (Registered agent  and Address:  3300 Henderson Btvd. #206-  Tampa, Fl 33609	process for the above stated lim as registered agent and agree to r and complete performance of assibave authority to manage is/a Title or Capacity:  a Jonathan Doron  duly authenticated by the official ste is in a foreign language, a trans	nited liability company at the place act in this capacity. I further agony duties, and I am familiar with a same and Address:    Name and Address:

Typed or prosted name of signer

Page 1

# <u>Delaware</u>

### The First State

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

DELAWARE, DO HEREBY CERTIFY "SUNSHINE PORTFOLIO 1A 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 SECOND DAY OF JULY, A.D. 2018.

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Aug.

6947811 8300 SR# 20185474988

Authentication: 203000325

Date: 07-02-18