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(Requestor's Name) (Address) (Address)	500315273985
(City/State/Zip/Phone #)	07/05/1801026005 **130.00
(Business Entity Name) (Document Number)	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2018

DAMON SUNUNTNASUK 2326 8TH AVE N ST PETERSBURG, FL 33713 US

SUBJECT: SUNT GROUP LLC Ref. Number: W18000062241

We have received your document for SUNT GROUP 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 518A00013991

D D O

www.sunbiz.org

Division of Componentiana, DO ROY 6227 Tallahassas Florida 22214

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## **COVER LETTER**

TO: Registration Section Division of Corporations

## SUBJECT: Sunt Group LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

Damor	n Sununtnasu	ık			
	N	ame of Person			
Sunt G	Froup LLC				
	F	irm/Company			
2326 8	8th Ave N				
		Address			
St. Pet	ersburg, FL 3	3713			
· · · · · · · · · · · · · · · · · · ·	City/S	tate and Zip Code			
damon.	sun@suntgro	pup.com			
	E-mail address: (to be use	d for future annual re	port noti	fication)	
For further information concernit	ng this matter, please call:				
Damon Su	nuntnasuk	_at ( <b>727</b> )	301	-2014	۲ - ۲ ۲
Name	of Contact Person	Area Code	Dayt	ime Telephone Numbe	r j
MAILING ADDRESS Division of Corporation		Ū	ivision o	ADDRESS: f Corporations	
Registration Section P.O. Box 6327			egistratic Tifton Bu	on Section ilding	. 1
Tallahassee, FL 32314				utive Center Circle e, FL 32301	
Enclosed is a check for the follow	ving amount:				
<b>\$</b> 125.00 Filing Fee	<b>\$130.00</b> Filing Fee & Certificate of Status	□ \$155.00 Filing I Certified Copy	Fee &	□ \$160.00 Filing Fee of Status & Certified	

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

IN COMPHANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-HMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 Sunt Group LLC	1	Sunt	Group	LLC
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	name adopted for the purpose of transacting business in Flor	ada. The alternate name must include "Limited Liability Company," "L.L.C," or "L
Delaware		3(FEI number, if applicable)
(Jurisdiction under the law of w	hach foreign limited limitlity company is organized)	(FEI number, if applicable)
	(Date first transacted business in Florida, if prior to r (See sections (05 0904 & 605 0905, F.S. to determin	egistration) se pensity lisibility)
2326 8th Ave N		
(Street Address of )	Principal Office)	6. P.O. Box 13945 (Mailing Address)
St. Petersburg, FL		St. Petersburg, FL
33713		33733
Name and street addre	ss of Florida registered agent: (P.O. Box	<u>NOT acceptable)</u>
	Registered Agents Inc.	
Name:		
Office Address:	3030 N. Rocky Point Dr. STE 150/	A
Office Address:		
Office Address:	3030 N. Rocky Point Dr. STE 150/ Tampa	
egistered agent's accep	Tampa (City)	Florida <u>33607</u>
egistered agent's accep aving been numed as re	Tampa (City) otance: egistered agent and to accept service of p	Florida 33607 (Zup code)
egistered agent's accep aving been numed as ra signated in this applica	Tampa (City) otance: egistered agent and to accept service of p ution, I hereby accept the appointment as	Florida <u>33607</u> (Zup code) process for the above stated limited liability company at t s registered agent and agree to act in this capacity. I fur
egistered agent's accep aving been named as re signated in this applica comply with the provis	Tampa (City) otance: egistered agent and to accept service of p ution, I hereby accept the appointment as	Florida 33607 (Zup code)
egistered agent's accep aving been named as re signated in this applica comply with the provis	Tampa (City) otance: egistered agent and to accept service of p ution, I hereby accept the appointment as ions of all statutes relative to the proper	Florida <u>33607</u> (Zup code) process for the above stated limited liability company at t s registered agent and agree to act in this capacity. I fur
egistered agent's accep aving been numed as re esignuted in this applica comply with the provis	Tampa (City) otance: egistered agent and to accept service of p ution, I hereby accept the appointment as ions of all statutes relative to the proper	Florida <u>33607</u> (Zup code) process for the above stated limited liability company at the segistered agent and agree to act in this capacity. I fur and complete performance of my duties, and Lam family
egistered agent's accept aving been numed as re- esignated in this applica- comply with the provis	Tampa (City) egistered agent and to accept service of p ution, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent. But Han	Florida <u>33607</u> (Zup code) process for the above stated limited liability company at t is registered agent and agree to act in this capacity. I fur and complete performance of my duties, and Lam famil
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egistered agent's accept aving been numed as re- esignated in this application comply with the provise and accept the obligation The name, title or capt <u>Title or Capacity:</u>	Tampa (City) ptance: egistered agent and to accept service of p ution, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. BeetHan (Registered agent's s acity and address of the person(s) who ha <u>Name and Address:</u>	Florida <u>33607</u> (Zup code) process for the above stated limited liability company at the segistered agent and agree to act in this capacity. I fur and complete performance of my duties, and Lam family software states authority to manage is/are:

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Damon Sununtnasuk

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNT GROUP 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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNT GROUP LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



ct, Secretary of State

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Authentication: 202996668

Date: 07-02-18

Page 1

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You may verify this certificate online at corp.delaware.gov/authver.shtml