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TO: **Registration Section Division of Corporations**

SUNSHINE HOME HOLDINGS, 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:

Martin G. Tabor	-	
N	ame of Person	
SUNSHINE HOME	HOLDING	SS, LLC
F	irm/Company	· · · · · · · · · · · · · · · · · · ·
P.O. Box 2181		
	Address	
Auburndale, FL 338	323	
City/S	State and Zip Code	
tabormarty@yahoo.e	com	
E-mail address: (to be use	d for future annual rep	port notification)
For further information concerning this matter, please call:		
Martin G. Tabor	863 ·	412-0490
Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314	Di Re CI 26	rreet Address: vision of Corporations egistration Section ifton Building 61 Executive Center Circle illahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \mathbb{\$125.00} \mathbb{Filing Fee} & \Bigcirc \mathbb{\$130.00} \mathbb{Filing Fee} & \text{Certificate of Status} \end{align*}\$	□ \$155.00 Filing F	ice & \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TLIMITED HAT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(II) name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fic	orida. The alternate name must include "Limited"	Liability Company," "L.L.C." or "LLC.")	
2.Nevada		3.		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI m	umber, if applicable)	
4				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)		
5. 4730 S. Ft Apach	e Rd #300	6. P.O. Box 2181		
(Street Address of Principal Office) Las Vegas, NV 89147		(Mailing Address) Auburndale, FL 33823		
	·····	7.400477447777		
7. Name and street addres	s of Florida registered agent: (P.O. Box	(<u>N()T</u> acceptable)		
Name:	Suzane S. Tabor			
			三 四	
Office Address:	3684 Old Berkley Rd		1 LE	
	Auburndale		#< 0 m	
			-, 610 '_	
Having been named as re designated in this applica to comply with the provise	(City) tance: gistered agent and to accept service of ton. I hereby accept the appointment a ons of all statutes relative to the proper	(Zip) process for the above stated limit is registered agent and agree to a	ct in this capacity I further agr	
Having been named as redesignated in this applicate to comply with the provisional accept the obligation	tance: gistered agent and to accept service of all hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent. (Registered agent's	process for the above stated limit is registered agent and agree to a rand complete performance of m	ed liability company at The place oct in this capacity further agricy duties, and I Thi familiar with	
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Having been named as redesignated in this applicate to comply with the provise and accept the obligation 8. The name, title or capatitle or Capacity: Manager Manager (Use attachments if neces)	tance: gistered agent and to accept service of gistered agent and to accept service of gistered agent and to accept the appointment at one of all statutes relative to the proper of of my position as registered agent. (Registered agent's accept the appointment at one of all statutes relative to the proper of the person(s) who have and address: Martin G. Tabor 3684 Old Berkley Rd Auburndale, FL 33823 Suzane S. Tabor 3684 Old Berkley Rd Auburndale, FL 33823 Sarry) of existence, no more than 90 days old, of which it is organized. (If the certificate	process for the above stated limit is registered agent and agree to a rand complete performance of management is signature) as/have authority to manage is/are Title or Capacity:	ned liability company at the place oct in this capacity of further agriced with familia with the Name and Address:	

Typed or printed name of signee

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, **SUNSHINE HOME HOLDINGS**, **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 January 28, 2019, 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 February 8, 2019.

Ballons K. Cegerske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20190208-0403