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| | (Re | equestor's Name) | |
|------------------|-----------|--------------------|-------------|
| | (Ac | ddress) | |
| , | (Ad | ddress) | |
| ,—— | (Ci | ity/State/Zip/Phon | e #) |
| PK | CK-UP | ☐ WAIT | MAIL |
| | (B | usiness Entity Na | me) |
| | (De | ocument Number) | |
| Certified Copie: | S | Certificate | s of Status |
| Special Instru | ctions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

| 、 SUBJECT^ | Sunshine Port | folio IIIA LLC | | | | | | |
|-----------------------------------|---|---|-----------------------------------|---|---|------------------------|----------------------|------------------|
| | | Name of I | imited Liability (| Company | | | | |
| N The enclosed Existence, a | d "Application by For nd check are submitted | eign Limited Liability Comp d to register the above refere | any for Authoriza | ition to Trai ted liability | nsact Business in F company to transa | Florida," Cact busines | ertifica s in Flo | ite of orida. |
| Please returi | all correspondence c | oncerning this matter to the | following: | | | | | |
| | Jonathan Wa | aysman | | | | | | |
| | | N: | une of Person | | . <u>. </u> | | | |
| | JD Acquisi | | | | | | | |
| | <u> </u> | | | | | | | |
| | | | rm/Company | | | | | |
| | 3300 Hende | rson Blvd #206A | | | | | | |
| | | | Address | | | (| 51.02 5 | |
| | Tampa, FL | 33609 | | | | | 9 HAR 29 | 1 |
| | , | City/S | tate and Zip Code | | ·· | 7/15/ | | 1 |
| | jonathanw@m | omentumflorida.com | | | | | PH []: 41 | 7 |
| | | E-mail address: (to be used | I for future annua | l report not | ification) | <u></u> | 1.7 | ۳ |
| For further i | information concernin | g this matter, please call: | | | | <u> </u> | | |
| | onathan Waysman | s | 813 | 331-9 | 756 | | | |
| | · | | at (| _) | | | | |
| | Name o | f Contact Person | Area Code | Day | time Telephone Ni | umber | | |
| Di Re P.C | AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314 | | | Division of Registrati Clifton Big 2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circ ee, FL 32301 | le | | |
| | a check for the follow \$125,00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Fili Certified Copy | ng Fee & | □ \$160.00 Filing of Status & Cert | | | |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (If name unavailable, enter alternate na | me adopted for the purpose of transacting business in Flor | ida. The alternate name must include "Limited Lia | ability Company," "L.L.C," or "LLC") |
|---|--|--|--|
| Dolawaro | | 83-3787331 | |
| (Jurisdiction under the law of whi | ich foreign limited liability company is organized) | (FEI num | ber, il applicable) |
| 4 01/23/2019 | | | |
| 4. 0-7-07-0-0 | (Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin | registration) | |
| . 3300 Henderson E | Blvd 206A Tampa, FL 33609 | | vd 206A Tampa, FL 330 |
| Street Address of Pr | | O. (Mailing Add | |
| | | <u></u> | |
| | | | 77.7. 23 Est. |
| | | | initia R |
| 7. Name and street address | s of Florida registered agent: (P.O. Box | NOT_acceptable) | 1111 TO |
| Name: | Jonathan Waysman | | Ser la la mar |
| Name. | | | |
| Office Address: | 3300 Henderson Blvd 206A Tampa, FL 33609 | <u> </u> | |
| | Tampa, FL 33009 | , Florida | |
| | | | de) |
| Having been named as req designated in this applicat to comply with the provisi | gistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent. | process for the above stated limite s registered agent and agree to ac | t in this capacity. I further ag |
| Having been named as req designated in this applicat to comply with the provisi | tance: gistered agent and to accept service of plion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. DocuSigned by: | process for the above stated limite is registered agent and agree to ac and complete performance of my | t in this capacity. I further ag duties, and I am familiar wit |
| Having been named as reg designated in this applicate to comply with the provisi- and accept the obligations | tance: gistered agent and to accept service of partion, I hereby accept the appointment as one of all statutes relative to the proper of my position as registered agent. Document of the proper of | process for the above stated limite s registered agent and agree to ac and complete performance of my | t in this capacity. I further ag duties, and I am familiar wit |
| designated in this applicate to comply with the provision and accept the obligations | tance: gistered agent and to accept service of plion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. DocuSigned by: | process for the above stated limite s registered agent and agree to ac and complete performance of my | t in this capacity. I further ag duties, and I am familiar with |
| Having been named as rej designated in this applicate to comply with the provisionand accept the obligations 8. The name, title or capa | tance: gistered agent and to accept service of plant, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. Docusioned by: Docus | orocess for the above stated limite s registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: | t in this capacity. I further ag duties, and I am familiar with |
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| Having been named as rej designated in this applicate to comply with the provisionand accept the obligations 8. The name, title or capa Title or Capacity: Manager (Use attachments if necess | tance: gistered agent and to accept service of partion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. Double D | orocess for the above stated limite is registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: duly authenticated by the official have authority authority to the official have a solution and the complete performance of my signature. | Name and Address: |
| Having been named as regdesignated in this applicate to comply with the provisionand accept the obligations. 8. The name, title or capa Title or Capacity: Manager (Use attachments if necesses). Attached is a certificate jurisdiction under the law of the translator must be seen as the complex of the translator must be seen. | tance: gistered agent and to accept service of pation, I hereby accept the appointment at ons of all statutes relative to the proper of my position as registered agent. Document Docu | duly authenticated by the official to is in a foreign language, a translate is in a foreign language, a translate is in a foreign language. | Name and Address: Name and Address: aving custody of records in the ation of the certificate under on the are that any false information |
| Having been named as reg designated in this applicat to comply with the provisi and accept the obligations 8. The name, title or capa Title or Capacity: Manager (Use attachments if neces: 9. Attached is a certificate jurisdiction under the law of the translator must be se | tance: gistered agent and to accept service of partion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. Document Doc | duly authenticated by the official to is in a foreign language, a translate is in a foreign language, a translate is in a foreign language. | Name and Address: Name and Address: |

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SUNSHINE PORTFOLIO IIIA 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNSHINE PORTFOLIO IIIA LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2019.

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

Authentication: 202134137

Date: 01-24-19