M190000004862

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
! !		
	Office Use Only	



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04/12/13--01014--025 **180.00

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B KINSEY



May 3, 2019

DAVID VERNON 18021 WOODLAND VIEW DRIVE LUTZ, FL 33548

SUBJECT: SUNNYSIDE HOLDINGS, LLC

Ref. Number: W19000037592

We have received your document for SUNNYSIDE HOLDINGS, 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):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 319A00008930

RECEIVED MAY 15 2019



April 16, 2019

DAVID VERNON 18021 WOODLAND VIEW DRIVE LUTZ, FL 33548

SUBJECT: SUNNYSIDE HOLDINGS, LLC

Ref. Number: W19000037592

We have received your document for SUNNYSIDE HOLDINGS, 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 section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

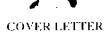
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey Regulatory Specialist II

www.sunbiz.org

Letter Number: 619A00007695



TO: Registration Section Division of Corporations

enn wer	SUNNYSIDE HOI	DINGS, LLC				
SUBJECT	•	Name of	Limited Liability (Company		
The enclose Existence, a	ed "Application by Fo and check are submitt	reign Limited Liability Comp ed to register the above refero	oany for Authoriza enced foreign limit	tion to Tra ed liability	insact Business in Florida." Certificat v company to transact business in Flo	e of rida.
Please retur	n all correspondence	concerning this matter to the	following:			
	DAVID Z. VE	RNON				
		N	ame of Person			
	SUNNYSIDE	HOLDINGS, LLC				
		Fi	irm/Company			
	18021 WOOD	LAND VIEW DRIVE				
		· · · · · · · · · · · · · · · · · · ·	Address			
	LUTZ, FL 335	48				
		City/S	tate and Zip Code			
	D7	VERNON@GMAIL.COM				
		E-mail address: (to be used	d for future annual	report no	ification)	
For further	information concernit	ng this matter, please call:				
D	AVID Z. VERNON		_ at (<u>615</u>	_)9	57-1041	
	Name	of Contact Person	Area Code	Day	rtime Telephone Number	
Di Re P.C	AHLING ADDRESS vision of Corporation gistration Section D. Box 6327 Ilahassee, FL 32314			Division Registrat Clifton P 2661 Exc	of Corporations ion Section duilding decenter Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ving amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee. Certificate of Status & Certified Copy	

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:

(It name unavailable, enter alternate	name adopted for the purpose of transacting business in Florid	a. The alternate name must include "Limited Liabilities	ly Company," "L.L.C." or "LLC.")
2 TENNESSEE		3. 36-4799820	
(Jurisdiction under the law of v	shich foreign limited liability company is organized)	(FE) number.	if applicable)
4 AUGUST 23, 2018			
··	(Date first transacted business in Florida, it prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	gistration.) penulty hability)	
SUNNYSIDE HOLD	INGS, LLC	6. SUNNYSIDE HOLDINGS. (Mailing Address	LLC
(Street Address of		(Mailing Address	N 45 161
121 S WEISGARBER			73
KNOXVILLE, TN 37	919	KNOXVILLE, TN 37919	
	(201 1) 1 1 1 1 1 1 1 (D () Day 1	NOT aggantable)	100
7. Name and street addre	ss of Florida registered agent: (P.O. Box.)	NOT acceptable)	
Name:	DAVID Z. VERNON		
Office Address:	18021 WOODLAND VIEW DRIVE		
911100 111101			Ę
	1 1 1T7	rs. 23. 33548	رين:
Having been named as r designated in this applic to comply with the provi	LUTZ (Cny) ptance: egistered agent and to accept service of pr ation, I hereby accept the appointment as sions of all statutes relative to the proper a us of my position as registered agent.	registerea agent ana agree to act u	iability company at the place a this capacity. I further agra
Having been named as r designated in this applic to comply with the provi	(Cny) ptance: egistered agent and to accept service of pr ation, I hereby accept the appointment as sions of all statutes relative to the proper a	ocess for the above stated limited l.	iability company at the place a this capacity. I further agra
Having been named as r designated in this applic to comply with the provi- and accept the obligation	ptance: egistered agent and to accept service of pration, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent 3 su	rocess for the above stated limited line registered agent and agree to act in and complete performance of my displaying	iability company at the place a this capacity. I further agre
Having been named as r designated in this applic to comply with the provi- and accept the obligation	(Cny) ptance: egistered agent and to accept service of pr ation, I hereby accept the appointment as sions of all statutes relative to the proper a	rocess for the above stated limited line registered agent and agree to act in and complete performance of my displaying	iability company at the place a this capacity. I further agre
Having been named as r designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap	ptance: egistered agent and to accept service of pration, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent 5 squared)	rocess for the above stated limited linited li	iability company at the place of this capacity. I further agre uties, and I am familiar with
Having been named as r designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap Title or Capacity:	ptance: egistered agent and to accept service of pration, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent 5 square) cacity and address of the person(s) who has Name and Address: D. JASON KIRKPATRICK 121 S. WEISGARBER ROAD	rocess for the above stated limited linited li	iability company at the place of this capacity. I further agre uties, and I am familiar with
Having been named as r designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap Title or Capacity:	ptance: egistered agent and to accept service of pration, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent 5 squared)	rocess for the above stated limited linited li	iability company at the place of this capacity. I further agre uties, and I am familiar with
Having been named as r designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap Title or Capacity:	ptance: egistered agent and to accept service of pration, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent of the person(s) who has Name and Address: D. JASON KIRKPATRICK 121 S. WEISGARBER ROAD KNOXVILLE TN. 37919	rocess for the above stated limited linited li	iability company at the place of this capacity. I further agre uties, and I am familiar with
Having been named as r designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap Title or Capacity: MEMBER	ptance: egistered agent and to accept service of pration, I hereby accept the appointment as sions of all statutes relative to the proper and so of my position as rectisered agent. (Registered agent 3 statuty and address of the person(s) who has Name and Address: D. JASON KIRKPATRICK 121 S. WEISGARBER ROAD KNOXVILLE, TN, 37919 DAVID Z. VERNON 18021 WOODLAND VIEW DRIVE	rocess for the above stated limited linited li	iability company at the place of this capacity. I further agre uties, and I am familiar with
Having been named as r designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap Title or Capacity: MEMBER MEMBER	ptance: egistered agent and to accept service of pration. I hereby accept the appointment as sions of all statutes relative to the proper and so of my position as rectisered agent. (Regastered agent 3 signature) D. JASON KIRKPATRICK 121 S. WEISGARBER ROAD KNOXVILLE TN. 37919 DAVID Z. VERNON 18021 WOODLAND VIEW DRIVE LUTZ, FL 33548	rocess for the above stated limited linited li	iability company at the place of this capacity. I further agre uties, and I am familiar with
designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap Title or Capacity: MEMBER MEMBER (Use attachments if nece	ptance: egistered agent and to accept service of pration, I hereby accept the appointment as sions of all statutes relative to the proper and as of my position as registered agent. (Regustered agent value) D. JASON KIRKPATRICK 121 S. WEISGARBER ROAD KNONVILLE TN. 37919 DAVID Z. VERNON 18021 WOODLAND VIEW DRIVE LUTZ, FL 33548	registered agent and agree to act in and complete performance of my displayed authority to manage is/are: Title or Capacity:	iability company at the place of this capacity. I further agre- uties, and I am familiar with Name and Address:
Having been named as r designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap Title or Capacity: MEMBER MEMBER (Use attachments if nece	ptance: egistered agent and to accept service of pration, I hereby accept the appointment as sions of all statutes relative to the proper and so of my position as registered agent. (Registered agent 3 statutes of the person(s) who has Name and Address: D. JASON KIRKPATRICK 121 S. WEISGARBER ROAD KNOXVILLE TN. 37919 DAVID Z. VERNON 18021 WOODLAND VIEW DRIVE LUTZ, FL 33548 SSARY) e of existence, no more than 90 days old, do of which it is organized. (If the certificate	registered agent and agree to act in and complete performance of my displayed authority to manage is/are: Title or Capacity:	iability company at the place of this capacity. I further agri- uties, and I am familiar with Name and Address:

Typed or primed name of signee



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

SUNNYSIDE HOLDINGS, LLC

DAVID Z. VERNON 18021 WOODLAND VIEW DRIVE LUTZ, FL 33548

Request Type: Certificate of Existence/Authorization

Request #:

0315897

Document Receipt

Receipt #: 004806757

Payment-Credit Card - State Payment Center - CC #: 3758044560

Regarding: SUNNYSIDE HOLDINGS, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 12/08/2014

Active Status: Duration Term: Perpetual

Business County: KNOX COUNTY

May 12, 2019

Issuance Date: 05/12/2019

Copies Requested:

Filing Fee:

\$20.00

\$20.00

Control #:

780540

Date Formed:

12/08/2014

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

1, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

SUNNYSIDE HOLDINGS, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 033235926