

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIC CONFECTIONS, 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:

DAVID BETTS

Name of Person

ATLANTIC CONFECTIONS, LLC

Firm/Company

12501 COASTAL HIGHWAY

Address

OCEAN CITY, MD 21842

City/State and Zip Code

davidb@sunsationsusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID BETTS

410

250-8200

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$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:

1. ATLANTIC CONFECTIONS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. WORCESTER COUNTY, MARYLAND
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2227972
(FBI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12501 COASTAL HIGHWAY
(Street Address of Principal Office)

OCEAN CITY, MD 21811

6. 12501 COASTAL HIGHWAY
(Mailing Address)

OCEAN CITY, MD 21811

FILED
2020 FEB 17 PM 3:20
CLAHASSEE, FLORIDA

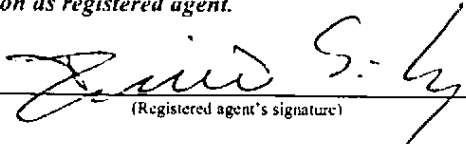
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DAVID SIBONY

Office Address: 3272 NE 212 TERRACE

AVENTURA, Florida 33180
(City) (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: AVRAHAM SIBONY

☒ Member Address: 1566 TEAL DRIVE

☒ Authorized OCEAN CITY, MD 21811

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: DAVID SIBONY

☒ Member Address: 3272 NE 212 TERRACE

☒ Authorized AVENTURA, FL 33180

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: PROSPER SIBONY

☒ Member Address: 16444 NE 33RD AVENUE

☒ Authorized NORTH MIAMI BEACH, FL 33160

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: YARON SIBONY

☒ Member Address: 353 VILLAGE ROAD

☒ Authorized VIRGINIA BEACH, VA 23451

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: RONEN ELIMELECH

☒ Member Address: 20750 NE 32ND PL

☒ Authorized AVENTURA, FL 33180

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: YEHEZKIEL AVSHALOM

☒ Member Address: 3675 N COUNTRY CLUB DR

☒ Authorized AVENTURA, FL 33180


Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

STATE OF MARYLAND

Department of Assessments and Taxation

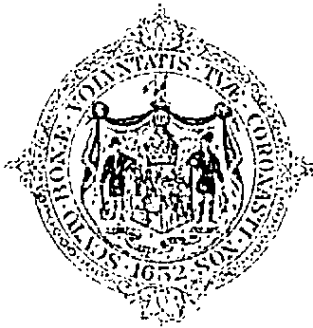
I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ATLANTIC CONFECTIONS, LLC (W19170513), REGISTERED OCTOBER 17, 2018, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 12, 2020.



Michael L. Higgs
Director



FILED
2020 FEB 17 PM 3:20
TALLAHASSEE, FLORIDA

301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: R0wiZQb4EkGxLbDqfrd-A
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>