

MR20000004309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

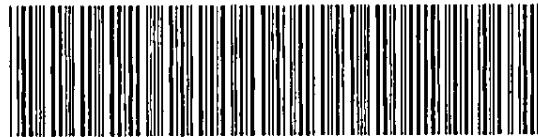
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED
2020 MAY -6 PM 1:47
SHERIFF OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED
2020 MAY -6 PM 1:54
SHERIFF OF FLORIDA
TALLAHASSEE, FLORIDA

45 ✓

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 280760 7100999

AUTHORIZATION : *Spencer*

COST LIMIT : \$ 155.00

ORDER DATE : May 5, 2020

ORDER TIME : 2:43 PM

ORDER NO. : 280760-010

CUSTOMER NO: 7100999

2020 MAY - 6 PM
RECEIVED
SECRETARY OF
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: SUNN LOGISTICS L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTE, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sunn Logistics L.L.C.

(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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 52-2030748

(F.I.L. number, if applicable)

21 MAY 1991
TALLAHASSEE, FLORIDA
12:00 PM

4.

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

5. 740 Commerce Drive

(Street Address of Principal Office)

6. 2389 East Venice Ave.

(Mailing Address)

Unit #6

Box 501

Venice, FL 34292

Venice, FL 34292

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

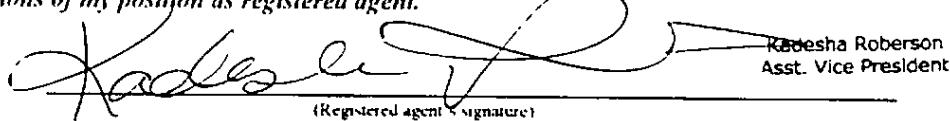
(City)

. Florida 32301

(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.


Kadesha Roberson
Asst. Vice President

(Registered agent's signature)

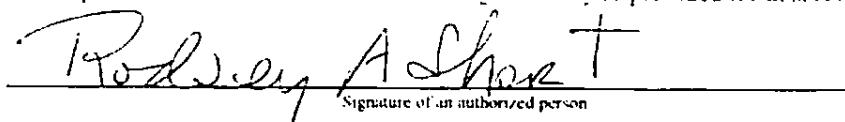
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Daniel T. Dunn</u>	<input type="checkbox"/> Manager	Name: <u>Rodney A. Short</u>
<input checked="" type="checkbox"/> Member	Address: <u>2389 East Venice Ave.</u>	<input checked="" type="checkbox"/> Member	Address: <u>2389 East Venice Ave.</u>
<input type="checkbox"/> Authorized	<u>Box 501</u>	<input type="checkbox"/> Authorized	<u>Box 501</u>
Person	<u>Venice, FL 34292</u>	Person	<u>Venice, FL 34292</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Emily Chauvin</u>	<input type="checkbox"/> Manager	Name: <u>_____</u>
<input checked="" type="checkbox"/> Member	Address: <u>2389 East Venice Ave.</u>	<input type="checkbox"/> Member	Address: <u>_____</u>
<input type="checkbox"/> Authorized	<u>Box 501</u>	<input type="checkbox"/> Authorized	<u>_____</u>
Person	<u>Venice, FL 34292</u>	Person	<u>_____</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>_____</u>	<input type="checkbox"/> Manager	Name: <u>_____</u>
<input type="checkbox"/> Member	Address: <u>_____</u>	<input type="checkbox"/> Member	Address: <u>_____</u>
<input type="checkbox"/> Authorized	<u>_____</u>	<input type="checkbox"/> Authorized	<u>_____</u>
Person	<u>_____</u>	Person	<u>_____</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Rodney A. Short, Member

Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNN LOGISTICS L.L.C." 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 FIFTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNN LOGISTICS L.L.C." WAS FORMED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 1997.

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

2020 MAY
ALLAHAN
SECRETARY
STATE
FLORIDA
PA

2742970 8300

SR# 20203464179

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




Jeffrey W. Bullock, Secretary of State

Authentication: 202879643

Date: 05-05-20