

1944

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUNSHINE SYSTEM SOLUTIONS LLC

SUBJECT: _____
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:

MINH PHAM

Name of Person

Firm/Company

28047 CYPRESS SPRINGS LOOP

Address

OKAHUMPKA, FL 34762

City/State and Zip Code

corpMinhPham@gmail.com

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

For further information concerning this matter, please call:

MINH PHAM

703

728-8143

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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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. SUNSHINE SYSTEM SOLUTIONS 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. HAWAII 3. 85-2937482
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 28047 CYPRESS SPRINGS LOOP 6. 28047 CYPRESS SPRINGS LOOP
(Street Address of Principal Office) (Mailing Address)

OKAHUMPKA, FL 34762

OKAHUMPKA, FL 34762

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

Name: MINH PHAM

Office Address: 28047 CYPRESS SPRINGS LOOP

OKAHUMPKA 34762
(City) Florida (Zip code)

FILED
2009 SEP 28 PM 8:30
CLERK OF CIRCUIT COURT
JULIA HASTON, CLERK

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.

By: [Signature] all rights reserved
(Registered agent's signature)

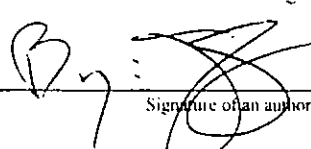
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: MINH PHAM	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 28047 CYPRESS	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	SPRINGS LOOP	<input type="checkbox"/> Authorized	_____
Person	OKAHUMPKA, FL 34762	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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.

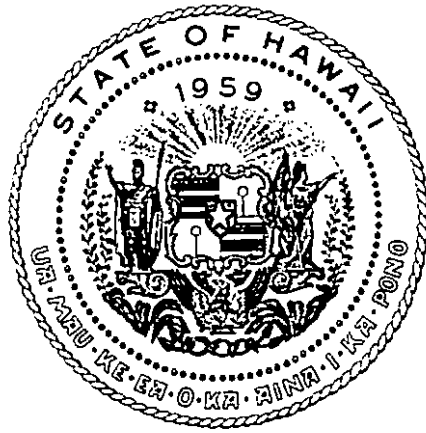
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

By:  all Rights Reserved

Signature of an authorized person
MINH PHAM MANAGER

Typed or printed name of signee



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

SUNSHINE SYSTEM SOLUTIONS LLC

was organized under the laws of the State of Hawaii on 08/17/2018 ;
that it is an existing limited liability company in good standing
and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed the seal of the
Department of Commerce and Consumer
Affairs, at Honolulu, Hawaii.

Dated: July 26, 2020

Director of Commerce and Consumer Affairs



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address P.O. Box 40, Honolulu, Hawaii 96810
Phone No (808) 586-2727



ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY
(Section 428-203 Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a limited liability company under the laws of the State of Hawaii, do hereby make and execute these Articles of Organization:

I

The name of the company shall be:

SUNSHINE SYSTEM SOLUTIONS LLC

(The name must contain the words *Limited Liability Company* or the abbreviation *LLC* or *LLC*)

II

The mailing address of the initial principal office is:

382 NE 191ST ST UNIT 25825, MIAMI, FL 33179 USA

III

The company shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a The name (and state or country of incorporation, formation or organization, if applicable) of the company's registered agent in the State of Hawaii is:

HAWAII CORPORATE CENTER LLC

HAWAII

(Name of Registered Agent)

(State or Country)

- b The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1888 KALAKAUA AVE STE C312, HONOLULU, HI 96815 USA

IV

The name and address of each organizer is:

MARCIO ANDRADE

382 NE 191ST STREET # 25825, MIAMI, FL 33179 USA