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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Registration Section Division of Corporation	s		₽n.			
SUBJEC	_{cr:} Sunshing Ll	LC					
		Name of Limi	ted Liability C	Company	1		
The encl Existence	losed "Application by Force, and check are submitted	rign Limited Liability Company I to register the above reference	for Authoriza I foreign limit	tion to Transac ed liability cor	rt Business in Flo mpany to transact	orida," Certi t business in	ficate of Florida.
Please re	eturn all correspondence ed	oncerning this matter to the follo	owing:				
	Wing C	han					
		Name	of Person				
	Sunshir	ng LLC			·	2022 JAN -3 PH 4: 5	77
		Firm/C	Company		7.		;e-## (*3### !
	27 Terr	ace Lane				B PH	
		Au	ldress		ŗ	TT(=	محربه ويدا
	Bridgev	vater NJ 08807	7			- S	
		City/State	and Zip Code	<u>.</u>		 _	
	wkc110(@gmail.com					
		E-mail address: (to be used for	future annual	report notifica	tion)		
For furth	ner information concerning	this matter, please call:					
	wing chan	at	,610	, 73908	25		
	Name of	Contact Person	Area Code	Daytime	Telephone Num	nber	
	MAILING ADDRESS:			STREET AD	DRESS:		
	Division of Corporations			Division of C	•		
	Registration Section P.O. Box 6327			Registration S Clifton Buildi			
	Tallahassee, FL 32314				ve Center Circle		
				Tallahassee, I	FL 32301		
	Enclosed is a check for th Please make check payabl	e following amount: le to: FLORIDA DEPARTME	NT OF STAT	ΓE			
	S125.00 Filing Fee	☐ \$130.00 Filing Fee &	□ \$155,00	Filing Fee &	□ \$160.00 F	Filing Fee, C	ertificate
		Certificate of Status	Certific	ed 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

Sunshing LLC (Name of Foreign	Lamited Liability Company; must include "Limite	d Liability Company,"	"L.L.C.," or "LLC.")			_		
New Jersey Ourisdiction under the law of which foreign limited liability company is organized)		Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LEC 3. (l'El number, it applicable)						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.1 me penalty hability)		_				
27 Terrace Lane (Street Address of Principal Office)		_{6.} 27 Terrace Lane						
Bridgewate	·	Bridg	gewater	13.EU)22 JAN			
NJ 08807		NJ 0	8807	23. 23. 25. 25. 25. 25.	ယ်	-		
Name and street address	s of Florida registered agent: (P.O. Box	. <u>NOT</u> acceptable)		EF FL	PM 4: 59			
Name:	Registered Agent	s Inc.						
Office Address:	7901 4th St N ST	E 300						
	St. Petersburg	F1	orida 33702					
	(City)	, , , ,	(Zip code)	_				

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]; Titlejor Capacity: Name and Address: Title or Capacity: Name and Address: _{Name:} Wing Chan Name: Thao Truong Manager Manager Manager Address: 27 Terrace Lane Address: 27 Terrace Lane Member Member | Bridgewater NJ 08807 Bridgewater NJ 08807 Authorized Authorized Person Person Other Other_____ Other____ __Other ☐ Manager Name: _____ Manager Manager Member Address: Member Address: Authorized Authorized Person Person Other Other Other____ Other ■ Manager Name: Manager Member | Address: ■ Member Address: Authorized Authorized Person Person Other Other__ Other Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 (4) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes at fird degree felony as provided for in \$.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

SUNSHING LLC 0450593314

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 20, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

WING CHAN 27 TERRACE LANE BRIDGEWATER, NJ 08807

CREAT SET TO SEAT SO SET TO SEE S

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Scal at Trenton, this 13th day of December, 2021

Elizabeth Maher Muoio State Treasurer

Sup of Mun

Certificate Number 6126335639

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert.JSP/Verify_Cert.jsp