M22000012131

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	3524
	2000





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S. FRANKLIN AUG - 4 2022

COVER LETTER

SUNSPACE TECH ELC JECT:			
Name of Limited Liability Company			
enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Bustence, and check are submitted to register the above referenced foreign limited liability company			
se return all correspondence concerning this matter to the following:			
CHRISTY MENDOZA			
Name of Person			
FILEJET INC.			
Firm/Company			
10440 PIONEER BLVD. STE 8			
Address	282		
SANTA FE SPRINGS. CA 90670	2822 JUL 27 PH Z:		
City/State and Zip Code			
REGISTEREDAGENT@FILEJET.COM			
E-mail address: (to be used for future annual report notification)	 		
further information concerning this matter, please call:			
CHRISTY MENDOZA 562 906-1635			
	ohone Number		
Mailing Address: Street Address:			
Registration Section Registration Section	Registration Section		
· · · · · · · · · · · · · · · · · · ·	Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee	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 & □ \$16 Certificate of Status Certified Copy	0.00 Filing Fee, C of Status & Certif		

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

IN COMPLIANCE WITH SECTION 605.6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business	in Florida. The alte	rmate name must include "Limited Liabilit	y Company," "L.L.C," or "LLC	
DELAWARE		2			
(Jurisdiction under the law of which foreign limited liability company is organized)		- ^{3.} _	(FEI number, if applicable)		
	(0.2.3				
	(Date first transacted business in Florida, if pric (See sections 603.0904 & 605.0905, F.S. to del	or to registration.) termine penalty liab	pility)		
4011 CALIMESA DR				200	
eet Address of Principal Office)		6	(Mailing Address)		
LAKE HAVASU CIT	V 17 06404		·		
——————————————————————————————————————				2022 Jel 27	
			•		
				PH 12	
Name and street address	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acc	eptable)	O	
Name:	FILEJET INC.				
ranc.		·			
Office Address:	625 E. TWIGG ST., STE.110				
Office Address.					
	TAMPA,		33602		
	(City)		, Florida(Zip code)	_	
gistered agent's accep	tanca				
ving been named as re	gistered agent and to accept service a	of process for	the above stated limited liahi	lin company at the p	
ignatea in inis appitea	uon, i nereny accept the appointment	l as registere	d agent and agree to act in th	is canacity. I forthan	
ompi, wan are provisi	ions of all statutes relative to the props s of my position as registered agent.	er and comp.	lete performance of my duties	s, and I am familiar v	
, , ,	of My position as registered agent.	7			
		en 2			
	(Registered agen	t's signature)		-	
	(Registered agen	t'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:	Title or Capacity:	Name and Address:
■Manager	Name: JEREMY JOYNER	□Manager	Name: KAREN JOYNER
□Member	Address: 4011 CALIMESA DR	■Member	Address:
□Authorized	LAKE HAVASU CITY	□Authorized	LAKE HAVASU CITY
Person	AZ 86406	Person	AZ 86406
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address: 22
□Authorized		□Authorized	722 J
Person		Person	2
Other	Other	□Other	□Other □
			12: 1
□Manager	Name:	□Manager	Name:
□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. 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

JEREMY JOYNER

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SUNSPACE TECH LLC" 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 TWENTY-NINTH DAY OF JUNE, A.D. 2022.

7877 JUL 27 PHIC.



Authentication: 203796351

Date: 06-29-22



July 16, 2022

CHRISTY MENDOZA 10440 PIONEER BLVD STE 8 SANTA FE SPRINGS, CA 90670 US

SUBJECT: SUNSPACE TECH LLC Ref. Number: W22000093524

We have received your document for SUNSPACE TECH LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 722A00015904