

M23000010659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

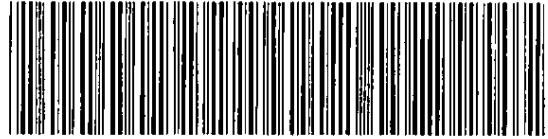
(Document Number)

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07/10/23--01034--006 **125.00

SEAL OF THE STATE
TALLAHASSEE, FL

2023 JUL 10 AM 10:20

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

Sonny Legacy Acquisitions 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:

David Roberts of officer
Name of Person
Sonny Legacy Acquisitions LLC
Firm/Company
7901 4th St N STE 300
Address
St. Petersburg, FL 33702
City/State and Zip Code
SonLegAcq@outlook.com
E-mail address: (to be used for future annual report notification)

C/O Registered Agents Inc.
~~Sancti...~~

For further information concerning this matter, please call:

Tammy Pimienta
Name of Contact Person
at (813) 409-1237 (cell)
Area Code Daytime Telephone Number
307 316-4591 business

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. Sonny Legacy Acquisitions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A
(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. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-1875266
(FEI number, if applicable)

4. June 27, 2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 30 N GOULD ST
(Street Address of Principal Office)

6. 7901 4th St N
(Mailing Address)

STE R
STE 300

Sheridan, WY 82801
St. Petersburg, FL 33702

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

Name: Sunshine Corporation Filings / Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

2023 JUL 10 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

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.

David Jones

(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>
<input type="checkbox"/> Manager	Name: <u>Tammy Pimienta</u>
<input type="checkbox"/> Member	Address: <u>1000 1885</u>
<input type="checkbox"/> Authorized	<u>Greenwood Valley, NC</u>
Person	<u>Plant City FL 33563</u>
<input checked="" type="checkbox"/> Other	<u>CEO/owner</u> <input type="checkbox"/> Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

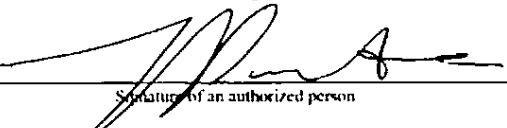
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<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
<u>Tammy Pimienta</u>
Typed or printed name of signer

WesternUnionIWU

THIS DOCUMENT CONTAINS A TIME WATERMARK - HOLD UP TO LIGHT TO VIEW
WESTERN UNION FINANCIAL SERVICES INC. - ISSUER - Denver, Colorado
Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

**MONEY
ORDER**

19-541511342

A 325359 D 062823
T 1524 14
195415113421 L 001212

\$ 125.00

PAY EXACTLY ONE HUNDRED TWENTY-FIVE DOLLARS AND NO CENTS

PAY TO THE
ORDER OF

Registration Section / Division of Corporations

Southern Bell Acq. Co.

PURCHASER'S ADDRESS
1885 Greenwood Valley Dr., Plant City, FL 33823

PURCHASER'S SIGNATURE

⑆02000400⑆ 40195415113421⑈

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

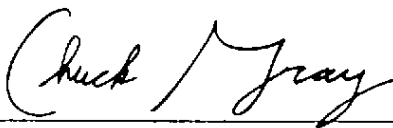
Sonny Legacy Acquisitions LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 14, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001284722**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of August, 2023 at 2:21 PM. This certificate is assigned ID Number 064355221.




Secretary of State