M25000004997

(Requestor's Name)				
(requestor 5 reality)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100447435721

7025 APR -& AMT 1: 34

7025 APR-8 AHII: 25

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>04/08/2025</u>			**W/	4 <i>LK IN</i> **
ENTITY NAME Sunki	issed LLC			
DOCUMENT NUMBE	R			
	PLEASE FILE 1	THE ATTACHED AND RETURN		
	Plain Copy			
XXXXXXXX	Certified Copy			
	Certificate of Status			
	Certified Copy of Arts Certified Copy of Arts Certificate of Status	FOLLOWING FOR THE ABOVE ENTI 8 & Amendments 8 & Amendments Complete File (Including Reflecting:		
	APOSTILLE'/	'NOTARIAL CERTIFICATION	SECSIE P TALLY-FIX	REC 2025 APR-
COUNTRY OF DESTINA	ATION			-8 F
NUMBER OF CERTIFIC	ATES REQUESTED			S E
TOTAL OWED \$ 155.		ACCOUNT # 1201400001 United Corporate Services, Inc.	Keilly	gad
Please call Tina at	the above number for	any issues or concerns. Thank	lyoa so much!)



March 31, 2025

The name SUNKISSED LLC has been reserved for 120 days beginning March 28, 2025. The reservation number is R25000000102 and this reservation is NONRENEWABLE.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lanham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (850) 488-9000, the Name Availability Section

Frantz Clerjuste Letter number: 925A00006786

Account number: I20140000108 Amount charged: 25.00



Ten Bank Street, Suite 560, White Plains, NY 10606

- **2** 914-949-9188
- **2** 800-899-8648
- **914-949-9618**
- 👼 info@unitedcorporate.com
- www.unitedcorporate.com

March 28, 2025

Florida Department of State The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Name Reservation Request

To Whom It May Concern,

I am writing to request a name reservation for the following entity in the state of Florida:

Sunkissed LLC

The applicant's name and address are as follows:

United Corporate Services, Inc.

10 Bank Street, Suite 560 White Plains, New York 10606

Please advise if this name is permissible.

alan.romo@unitedcorporate.com.

Sincerely, Alan Romo



COVER LETTER

TO:

Registration Section

UBJECT:	Sunkissed LLC			
	Name of Limited Liability Company			
ne enclosed "Application by Foreigr tistence, and check are submitted to	Limited Liability Company for Authorization to Transact Business in Florida," Certificate register the above referenced foreign limited liability company to transact business in Flori			
ease return all correspondence conc	erning this matter to the following:			
	David Cedeno			
	Name of Person			
	Sunkissed LLC			
	Firm/Company			
	2810 N. Church Street, PMB 499017			
	Address			
	Wilmington, DE, 19802			
	City/State and Zip Code			
	dcedeno1387@gmail.com mail address: (to be used for future annual report notification)			
	,			
or further information concerning th	is matter, please call:			
David Cede	eno at (302) 524-2484 ontact Person Area Code Daytime Telephone Number			
Name of Co	ontact Person Area Code Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporation				
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the fo	ollowing amount:			
Please make check payable t	0: FLORIDA DEPARTMENT OF STATE			
☐ \$125.00 Filing Fee ☐	I \$130.00 Filing Fee & ☑ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate			

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Sunkissed LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Sunkissed DC 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.") 33-4450081 Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Upon registration (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6. c/o Sunkissed LLC c/o Sunkissed LLC (Street Address of Principal Office) 2810 N. Church Street, PMB-49901 2810 N. Church Street, PMB 499017 Wilmington, DE, 19802 Wilmington, DE, 19802 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United Corporate Services, Inc. Name: 3458 Lakeshore Drive Office Address: Tallahassee

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.

(City)

, Florida

Michael A. Ban Pres., United Corporate Services, Inc.

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:	ivaine and Address.
□Manager	Name: David Cedeno	□Manager	Name:
□Member	Address: c/o Sunkissed LLC	□Member	Address:
X Authorized	2810 N. Church Street, PMB 499017	□Authorized	
Person	Wilmington, DE, 19802	Person	
Other	Other	□Other	Other
⊡Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
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 (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 David Cedeno Typed or printed name of signee





Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "SUNKISSED 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 EIGHTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNKISSED LLC"

WAS FORMED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2025.

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

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203385887

C. G. Sancher

Date: 04-08-25

10134745 8300 SR# 20251456530