P95000043646

FILED

TRANSMITTAL LETTER

95 JUN -7 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

300001496933
-05/23/95--01090--016
****120.00 *****120.00

SUBJECT: Sunrise Realty International
(Proposed corporate name - must include suffix)

300001496933
-05/23/95--01090--016
****120.00 *****70.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ $70.00	☐ $78.75	☐ $122.50	☐ $131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

FROM: Barbara W. LaMarche
Name (printed or typed)

P.O. Box 2795
Address 181 Eglin Pkwy NE

Ft Walton Bch, FL 32549
City, State & Zip

904 244 5355
Daytime Telephone number

505,509,610
W95-11124
Apr 6-7.

NOTE: Please provide the original and one copy of the articles.

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 30, 1995

BARBARA W. LAMARCHE
P.O.BOX 2795
181 EGLIN PKWY NE
FT. WALTON BEACH, FL 32549

SUBJECT: SUNRISE REALTY INTERNATIONAL
Ref. Number: W95000011126

We have received your document for SUNRISE REALTY INTERNATIONAL and your check(s) totaling $120.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The corporate name must be identical throughout the document.

A post office box is not an acceptable address for the registered agent.

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 (904) 487-6973.

AMANDA HERRING
Document Specialist

Letter Number: 395A00026957

FILED
95 JUN -7 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Sunrise Realty International, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

181 Eglin Parkway N.E.
Ft Walton Beach, FL 32548

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Barbara W. LaMarche

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Barbara W. LaMarche
P.O. Box 2795
181 Eglin Pkwy NE
Ft Walton Bch, FL 32549

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15th day of May, 1995.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

FILED
95 JUN -7 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Suncise Realty International, Inc.

2. The name and address of the registered agent and office is:

Barbara W. LaMarche
P.O. Box 2795 (Name)
181 Eglin PKWY NE (P.O. Box not acceptable)
Ft Walton Bch, FL 32548 (City/State/Zip)

(zip for P.O. Box is 32549) ↔ Physical Address

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Barbara W. LaMarche
(Signature)

5-15-95
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV -7 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000043646 (5)**

1. Corporation Name

SUNRISE REALTY INTERNATIONAL, INC.

Principal Place of Business
~~181 EGLIN PARKWAY N.E.~~ 221 N.E. Hollywood Blvd.
FORT WALTON BEACH FL 32548

Mailing Address
~~181 EGLIN PARKWAY N.E.~~ P.O. Box 2795
FORT WALTON BEACH FL ~~32548~~ 32549

REINSTATEMENT 96

2. Principal Place of Business 21 221 N.E. Hollywood Blvd	2a. Mailing Address 20 P.O. Box 2795
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft Walton Beach, FL	City & State 28 Ft Walton Beach, FL
Zip / Country 24 32548 / 25 Okaloosa	Zip / Country 29 32549 / 30 Okaloosa

3. Date Incorporated or Qualified: 06/07/1995 — 3a. Date of [illegible]

4. FEI Number: 59-3333154 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAMARCHE, BARBARA W
~~181 EGLIN PARKWAY N.E.~~ 221 N. E. Hollywood Blvd.
~~P.O. BOX 2795~~
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City — FL — 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] — 6-10-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, CEO, Secy/Trs Barbara W. Lamarche 221 NE Hollywood Blvd Ft Walton Beach, FL 32549	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 500002000795--6 -11/08/96--01090--025 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 500002000795--6 -11/08/96--01090--026 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition JB 11-7-96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] — 6-10-96 — 9042445355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #