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Division of Corporations

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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FOREIGN PROFIT/NONPROFIT CORPORATION
SUN BLOCK CORPORATION**

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S. FRANKLIN

MAY 12 2022

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SUN BLOCK CORPORATION
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PA 3. (FEI number, if applicable)
(State or country under the law of which it is incorporated)

4. 04/06/2022 5. (Date of duration, if other than perpetual)
(Date of incorporation)

6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 43 Meadow Lane Pottstown, PA 19465
(Principal office street address)

(Current mailing address, if different)

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

Name: Milko Samper

Office Address: 3271 Myrtle Oak Ct

Bonita Springs Florida 34134
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Milko Samper

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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A. DIRECTORS

Chairman Name Vince Roach
 Vice Chairman Address _____
 Director 43 Meadow Lane
 President Pottstown, PA 19465
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name Carola Samper-Roach
 Vice Chairman Address _____
 Director 43 Meadow Lane
 President Pottstown, PA 19465
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name _____
 Vice Chairman Address _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name _____
 Vice Chairman Address _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name _____
 Vice Chairman Address _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

Chairman Name _____
 Vice Chairman Address _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

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12 _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in CS17-135, F.S.

13 Vince Roach President
 (Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

05/04/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SUN BLOCK CORPORATION

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have heretunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Joseph M. Chapman

Acting Secretary of the Commonwealth

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Certification Number: TSC220504070139-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>