# 18000001635

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### CT Corp.

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	te: 4/4/2018 4-6-18 Coverted Siling  Acc#120160000072 SSA
Name:	ESP Associates, Inc. (NC)
Document #:	Reference W18000032324
Order #:	10911320
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing:	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 78.75

Thank you!

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: ESP Associates, Inc.		
	ne of corporation	n - must include suffix
Dear Sir or Madam:		
	cate of Good Sta	r Authorization to Transact Business in Florida," and check are submitted to register the less in Florida.
Please return all correspondence conc	erning this matt	er to the following:
Susan R. McMaster .	,	
**************************************	Name o	f Person
Jaffe Raitt Heuer & Weiss PC		
***************************************	Firm/Co	mpany
27777 Franklin Road, Suite 2500		
	Add	ress
Southfield, MI 48034		
	City/State	and Zip code
smcmaster@jaffelaw.com		
E-mail add	ress: (to be used	for future annual report notification)
For further information concerning th	is matter, please	call:
Susan R. McMaster	at (	727-1485
Name of Person	Area Co	de Daytime Telephone Number
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following	amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 F Certifica	iling Fee & ate of Status	\$78.75 Filing Fee & Service Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 5, 2018

CT

SUBJECT: ESP ASSOCIATES, INC.

Ref. Number: W18000032324

4.6.18

Corrected:
Please keep original
file date. Thank
you!

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

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P13000080756.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 418A00006843

## 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.	ESP Associates	, Inc.			
	(Enter name of c "lnc.," "Co.," "C	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,	ь	
	ESP Associates	FL, Inc.			
	(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	
2.	North Carolina		N/A		
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4.	11/15/1954	5.	Perpetual		
	(Date of incorporation)		(Date of duration, if other than perpetual)		
6.	Upon Filing			•	
7	3475 Lakemont E	(SEE SECTIONS 607,1501 & 607,1 Blvd., Fort Mill, SC 29708	n Plorida, if prior to registration) 502, F.S., to determine penalty liability	·)	
		(Princi	pal office address)		
•		(Current maili	ng address, if different)		
8.	Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	. :	
	Name:	National Registered Agents, inc.			
Of	fice Address:	1200 South Pine Island Road		A R	
		Plantation .	, Florida		
		(City)	(Zip code)		
Ho de: fui	aving been nam signated in this rther agree to co	ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes a amiliar with and accept the obligations of	ment as registered agent and agre relative to the proper and complet	e to act in this capacity. I	
		National Register	ed Agents 🕁		

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.

(Registered agent's signature)

Stephanie Hencz - Asst. Secretary

11. Nan	nes and business addresses of officers and/or directors:			
A. DIR	ECTORS			
Chairman	Steven C. LaBarre, Sole Director		· · · · · · · · · · · · · · · · · · ·	_
Address:	350 N. Old Woodward Ave, Suite 100	<del></del> -		
	Birmingham, MI 48009	····		
Vice Cha	irman:	<b></b> .,,,,,		-
Address:		-	<del></del>	•
		*****	~ <del>~~~</del>	-
Director:				-
Address:				-
Director:		<del></del>		-
•				_
				•
B. OFF	TCERS			
President	Joseph W. Hendrick			<b>.</b>
Address:	3475 Lakemont Blvd.	<u> </u>	<u>~</u>	_
	Fort Mill, SC 29708		== >=	
Vice Pres	Dayid A. Dean (GVP)	75	ဆိ	4.504743 \$2055F
Address:	3475 Lakemont Blyd.	SE	\$-	. j
Addicis.	Fort Mill, SC 29708	· 图 (A)	, K	-
Canratary	Joseph W. Hendrick	22	<del>- 63</del>	اموربحالاً "
Address:	3475 Lakemont Blvd., Fort Mill, SC 29708	ン'-	-	-
Treasurer	David A. Dean			<u>-</u> -
Address:	3475 Lakemont Blvd., Fort Mill, SC 29708			
ectota	nt Secretary: Steven C. LaBarre, 350 N. Old Woodward Ave, Suite 100, If necessary, you may attach an addendum to the application listing additional officers and/or dis	Birmi: ectors.	ngham.	, MI 48009
12	Straight 100			
are true : a third d	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of Segree felony as provided for in s.817.155, F.S. ven LaBarro, Solo Director and Assistant Secretary	s stated h tate cons	erein titules	

(Typed or printed name and capacity of person signing application)

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# NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### ESP ASSOCIATES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 15th day of November, 1954, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

Elaine I Marshall

of Raleigh, this 2nd day of April, 2018.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City

Secretary of State

Certification# 102244977-1 Reference# 14409437- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification