## F18000000625

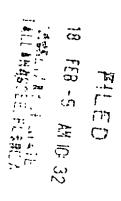
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporat	ions				
SUBJ	JECT: eSupport.com.	Inc.				
		Name of corpor	ration - n	nust include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by ficate of Existence," or referenced foreign cor	"Certificate of Good	l Standii	ng" and check are sub		
Please	return all corresponde	nce concerning this r	natter to	the following:		
Donna	n M. Flammang, Esquire					
		Nan	ne of Per	son		
Brenn	an, Manna & Diamond, F	.L.				
		Firm	/Compa	ny		
27200	Riverview Center Blvd.,	Suite 310				
			Address			
Bonit	a Springs, FL 34134					
		City/S	tate and	Zip code		
dmfla	mmang@bmdpl.com					
	E.	mail address: (to be	used for	future annual report i	notification)	
For fu	irther information conc	erning this matter, pl	ease call	:		
Donna M. Flammang		239	,	992-6578		
	Name of Person	at ( Are:	a Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: 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		
Enclo	osed is a check for the f	ollowing amount:				
<b>=</b> \$7	70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		678.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy	

## 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.	_cSupport_com_	Inc. progration; must include "INCORPORATED,	" "COMP	ANY." "CORPORATION	V."					
		orp," "Inc." "Co," or "Corp.")		,	,					
	(If name unavaila	ble in Florida, enter alternate corporate name	adopted for	or the purpose of transacting	ng business in Florida)					
2.	Delaware	3	01-0968							
۷.	(State or country under the law of which it is incorporated)			(FEI number, if ap	applicable)					
	Juna 8, 2010	•								
4.	(Date of incorporation)			(Date of duration if other than nametral)						
	(Date of incorporation)			(Date of diffation, it other than perpetual)						
6.										
		(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)								
	0540.5	venue, Fort Myers, FL 33907	302, F.S.,	to determine penany naon	ity)					
7.	8540 Dayton A									
		(Principal office address)								
	(Current mailing address, if different)									
					A 16 78					
8.	Name and stree	t address of Florida registered agent: (P.	O. Box 1	NOT acceptable)	<b>→</b> 27 · · · · · · · · · · · · · · · · · ·					
		Donna M. Flammang	_	,	100 B					
	Name:				5					
Office Address:		27200 Riverview Center Blvd., Suite 310	·· <b>-</b>		10 美国					
		Bonita Springs	F	34134 lorida						
		(City)	, -	(Zip code)	32					

## 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.

(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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_ Vice Chairman: Address: \_ Jason Raza Director: 8540 Dayton Avenue Address: Fort Myers, FL 33907 Pierre Narath Director: 8540 Dayton Avenue Address: Fort Myers, FL 33907 B. OFFICERS Jason Raza President: 8540 Dayton Avenue Address: Fort Myers, FL 33907 Vice President: Pierre Narath Secretary: 8540 Dayton Avenue, Fort Myers, FL 33907 Address: Pierre Narath Treasurer: 8540 Dayton Avenue, Fort Myers, FL 33907 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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 s.817.155, F.S. Pierre Narath 13.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ESUPPORT.COM, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D.

2018.

THE STATE OF THE S

Authentication: 202014198

Date: 01-22-18