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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ES Development ? Nanagement Corp. Name of corporation - relatinclude suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Charlene Leith	
Name of Person	
FS Development: Nanagement Carp.	
120 Worcester Street Address	
West Boylston, NA 01583 City/State and Zip code	
Chavlene @ Isame.com E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
Charlene Leith a (860) 844 nnos	
Name of Person Area Code Daytime Telephone 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee Certificate of Status ☐ \$78.75 Filing Fee Certified Copy S87.50 Filing Fee, Certified Copy Certified Copy 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

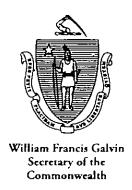
under the law of which it is incorporated.

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. ES Dove homent 't Nanngement Corp.

(Enter name of corporation; thus include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp," "Inc.," "Corp," "Torp," ESDMC (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Mossagnusetts 21-3654972 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 120 Warrester Street, West Boylston, NA 01583 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) THE LAW OFFICES OF NICK SPRADLIN, PLLC Name 2202 N. WEST SHORE BLVD. STE 200 Office Address: , Florida __33607 TAMPA 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

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director: Chmes Hurphy	
Address: <u>Q1 Fort Neodow Drive</u>	
HUDSON MA MARIA OIGHA	
Director:	
Address:	
B. OFFICERS	
President: Cames Nurphy	
Hudson, NA onua	
CEO VICE President: Same Holmes	000 0 .0 11
Address: 36 Brigham Street	_ ·
Hodson HA OINHA	_
Secretary: Chimes Hurphy	<u> </u>
Address:	
Treasurer: Chimes Nurphy	
Address:	
NOTES IS	sting additional officers and/or directors
12. Signature of Director or Off	
The officer or director signing this document (and who is listed in number true and that he or she is aware that false information submitted in a a third degree felony as provided for in s.817.155, F.S.	per 11 above) attirms that the facts stated herein
13. Camie Holmes CEO	siming application)
(Transfer minted name and supplier of auron	alamian amatimatinas

11. Names and business addresses of officers and/or directors:



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

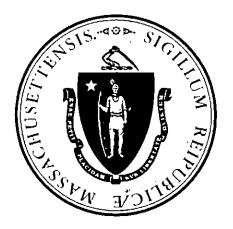
Date: May 18, 2018

To Whom It May Concern:

I hereby certify that according to the records of this office,

E S DEVELOPMENT & MANAGEMENT CORPORATION

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Francis Galein

Certificate Number: 18050402530

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: