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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180001708183)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION ESSENSE PARTNERS INC

Certificate of Status	0
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Corporate Filing Menu

Help

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.

ESSENSE PARTNERS INC.					
(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business	in Florida)		
NEW YORK	3				
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)			
12/2/2014		PERPETUAL			
		(Date of duration, if other than perpe	tµal)		
-		ŕ			
	(SEE SECTIONS 607.1501 & 607.	1502, F.S., to determine penalty liability)	HID.		
216 EAST 45TH	STREET 11TH FL NEW YORK, NY 10510				
	(Princ	ipal office address)	i in the f		
216 EAST 45TH	STREET 11TH FL NEW YORK, NY 10510				
	(Current mail	ling address, if different)			
Name and street	et address of Florida registered agent: (P	O. Box NOT acceptable)			
Name:	155 OFFICE PLAZA DRIVE, 1st FI				
ffice Address:	133 OFFICE LEASA DIG VE, INVIII				
	TALLAHASSEE	32301 , Florida			
	(City)	(Zip code)			
	(Enter name of countries," "Co.," "Co	(Enter name of corporation; must include "INCORPORATED "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name NEW YORK (State or country under the law of which it is incorporated) 12/2/2014 (Date of incorporation) (Date first transacted business (SEE SECTIONS 607.1501 & 607. 216 EAST 45TH STREET 11TH FL NEW YORK, NY 10510 (Princ 216 EAST 45TH STREET 11TH FL NEW YORK, NY 10510 (Current mail Name and street address of Florida registered agent: (P Name: BlumbergExcelsior Corporate Services, In Name: 155 OFFICE PLAZA DRIVE, 1st Fl. TALLAHASSEE	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If nume unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business NEW YORK (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) BlumbergExcelsior Corporate Services, Inc. 155 OFFICE PLAZA DRIVE, 1st Fl. TALLAHASSEE Florida 32301		

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.

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 **MEI SHIBATA** Chairman: 3 BEECHWOOD WAY BRIARCLIFF MANOR, NY 10510 Address: Vice Chairman: Address: _ Director: ____ Address: _____ : 53 Director: ___ **B. OFFICERS** MEI SHIBATA President: 3 BEECHWOOD WAY BRIARCLIFF MANOR, NY 10510 Address: ___ Vice President: Address: Secretary: _ Address: __ Treasurer: 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. 13. MEI SHIBATA-PRESIDENT (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ESSENSE PARTNERS INC. was filed on 12/02/2014, under the name of AKASAKA ENTERPRISES INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and that Department income such examination, no such certificate, order or record has been upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A certificate changing name to ESSENSE PARTNERS INC. was filed on 02/05/2016.

A Biennial Statement was filed 05/02/2018.

I further certify that no other documents have been filed by such corporation.

OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of May two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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June 7, 2018

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: ESSENSE PARTNERS INC

REF: W18000053113

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Karen A Saly Regulatory Specialist II FAX Aud. #: E18000170818 Letter Number: 618A00011874

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