

F18000004228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

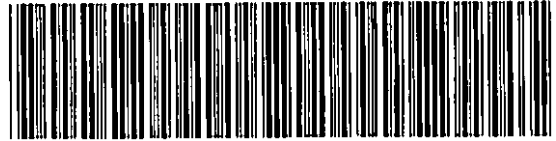
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 SEP 13 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

9-13-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESB- Plus Management Corp.
Name of corporation - must include 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:

Victoria Karamblyum
Name of Person

ESB- Plus Management Corp.
Firm/Company

618 Verona Street 13624 Tamiami Trl
Address

Port Charlotte, FL 33948 Suite 186
City/State and Zip code North Port, FL 34287

Vkaramblyum@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria Karamblyum 347-721-2958
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
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2018

VICTORIA KORAMBLYUM
618 VERONA STREET
PORT CHARLOTTE, FL 33948

SUBJECT: ESB-PLUS MANAGEMENT CORP.
Ref. Number: W18000071145

We have received your document for ESB-PLUS MANAGEMENT CORP. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 718A00016116

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. ESB-Plus Management Corp.

(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. New York

(State or country under the law of which it is incorporated)

06-1695819

(FEI number, if applicable)

3. 5/14/2003

(Date of incorporation)

4.

(Date of duration, if other than perpetual)

5.

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

6. 618 Verona Street

(Principal office address)

13624 Tamiami Trl

Port Charlotte, FL 33948

(Current mailing address, if different)

Suite 186

North Port, FL 34287

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

Name

Victoria Koramblyum

13624 Tamiami Trl

Office Address

618 Verona Street

Suite 186

Port Charlotte

(City)

Florida 33948

(Zip code)

North Port, FL 34287

8. 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.

Victoria Koramblyum

(Registered agent's signature)

9. 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 SEP 13 AM 8:30

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

A. DIRECTORS

Chairman Grigory Koramblyum
Address: 618 Verona Street 13624 Tamiami Trl
Port Charlotte, FL 33948 Suite 186
Vice Chairman Victoria Koramblyum North Port, FL 34287
Address: 618 Verona Street 13624 Tamiami Trl
Port Charlotte, FL 33948 Suite 186
Director: North Port, FL 34287
Address: _____
Director: _____
Address: _____

B. OFFICERS

President Grigory Koramblyum
Address: 618 Verona Street 13624 Tamiami Trl
Port Charlotte, FL 33948 Suite 186
Vice President Victoria Koramblyum North Port, FL 34287
Address: 618 Verona Street
Port Charlotte, FL 33948 13624 Tamiami Trl
Secretary: Grigory Koramblyum Suite 186
Address: 618 Verona Street Port Charlotte, FL 33948 North Port, FL 34287
Treasurer: Victoria Koramblyum
Address: 618 Verona Street Port Charlotte, FL 33948

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Grigory Koramblyum
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.

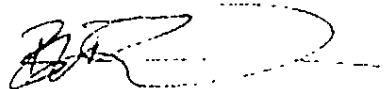
13. Grigory Koramblyum, President
(Typed or printed name and capacity of person signing application)

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2018 SEP 13 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ESB-PLUS MANAGEMENT, CORP. was filed on 05/14/2003, 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 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.

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 01st day of August two
thousand and eighteen.



Brendan W. Fitzgerald
Executive Deputy Secretary of State