# F18000005596

(Dawrented a News)
(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



400321072744

11/26/18--01024--001 \*\*87.50

FILED

18 NOV 26 PM 5: 16

SECRETARY OF STATE
ANALYSEFT FURIANA

BL VORISEK DEC 0 6 2018

### **COVER LETTER**

_	stration Sec sion of Cor						
SUBJECT	eSoluti	ons, Inc.					
		Name	of corpora	tion - m	ust include suffix		
Dear Sir or N	Madam:						
"Certificate	of Existenc	•	e of Good	Standing	" and check are sub	et Business in Florida," mitted to register the	
Please return	all corresp	ondence concer	ning this ma	itter to t	he following:		
			Kimber	ly Stat	on		
			Name	of Pers	on		
			eSolut	ions, 1	inc.		
			Firm/0	Compan	y		
			7686 Deb	eaubie:	n Drive		
			A	ddress			
			Orlando	, Flori	da 32835		
	-		City/Sta	te and Z	ip code		
			klstato	n12@gma	uil.com		
		E-mail addres	s: (to be us	ed for f	uture annual report r	notification)	
For further is	nformation	concerning this	natter, plea	ise call:			
Kimberly S	taton		at ( 410	) }	802-2662		
Nar	ne of Perso	n	Area (	Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
□ \$70.00 F		S78.75 Filio Certificate	ng Fee &		8.75 Filing Fee & entified 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.

l. esolutions,	Inc.		_
•	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
eSolutions	Direct, Inc.		_
(If name unavaila	ble in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in Florida)	
Maryland	3.	45-3506461	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	-
September 27, 2011			
(Date	of incorporation)	(Date of duration, if other than perpetual)	-
5. Business tra	nsactions planned for Florida starti	ng January 01, 2019.	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	•	-
72935 Frederi	ck Avenue, Baltimore Maryland 21223	, ,	_
	(Principa	d office address)	_
7686 Debeaub	ien Drive, Orlando Florida 32835		
	(Current mailing	g address, if different)	- 18 }
3. Name and stree	t address of Florida registered agent: (P.O	. Box NOT acceptable)	18 NOV 2
Name:	Kimberly Staton		ъ. ц
Office Address:	7686 Debeaubien Drive		ı ĭ r
	Orlando	, Florida 32835	ž: 16
	(City)	(Zip code)	-

#### 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 July 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.

13. Kimberly Staton, CEO

	s and business addresses of officers and/or directors:
A. DIREC	
	Kimberly Staton
Address: _	7686 <b>B</b> ebeaubien Drive, Orlando, FL 32835
Vice Chairn	nan:
_	
Dimuntori	
Address:	
_	
Director: _	
Address: _	
_	
B. OFFIC	CERS
President:	Kimberly Staton
•	7686 Debeaubien Drive, Orlando FL 32835
riddicss	
_	
Vice Presid	ent:
Address: _	
_	
Secretary:	
Address: _	
Treasurer:	
Address: _	
NOTE: If	personary, you may attach an addendum to the application listing additional officers and/or directors.
12.	Signature of Director or Officer
	r or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein
	d that he or she is aware that false information submitted in a document to the Department of State constitutes are felony as provided for in \$ 817,155. F.S.

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

# STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

1 FURTHER CERTIFY THAT ESOLUTIONS, INC. (D14319826), INCORPORATED SEPTEMBER 27, 2011, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 19, 2018.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: 5qaS8nF87UWMxpviKQAHQ To verify the Authentication Code, visit http://dat.maryland.gov/verify