# F21000004696

(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:							

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#### **COVER LETTER**

_	stration Section ion of Corporations					
SUBJECT:	E Solutions Inc.					
SOBSECT.		of corporation	- must include suffix			
Dear Sir or M	ladam:					
"Certificate o	"Application by Foreign C f Existence," or "Certifical ced foreign corporation to	te of Good Stan	ding" and check are sub	et Business in Florida," mitted to register the		
Please return	all correspondence concer-	ning this matter	to the following:			
Sherry Dean						
		Name of I	Person			
E Solutions In	<b>c</b> .					
		Firm/Com	pany			
2350 N. Shade	land Avenue					
··		Addre	ss			
Indianapolis, I	N 46219					
		City/State at	id Zip code			
sherry.dean@r	nepholding.com					
-	E-mail addre	ss: (to be used f	or future annual report n	otification)		
For further in	formation concerning this	matter, please ca	all:			
Sherry Dean		at (317 ) 543-3460				
Nam	e of Person	Area Code	Daytime Telept	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following an ack payable to: FLORIDA I ing Fee	DEPARTMENT ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

E Solutions In	c.					
	corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp,")	ΞD,	" "COMPANY," "CORPORATION	,"		
E Solutions of	FL Inc.					
(If name unava	ilable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting	g business in	Floric	la)
2. Indiana		3				
2. (State or country under the law of which it is incorporat			(FEI number, if applicable)			
4. (Date of incorporation)		5	Perpetual			
(Date of incorporation)			(Date of duration, if other than perpetual)			
6.						
	(SEE SECTIONS 607.1501 & 60		n Florida, if prior to registration) 502, F.S., to determine penalty liabilit		-3	
7. 2350 N. Shadela	and Avenue, Indianapolis, IN 46219				<u> </u>	
	(Principal	off	ice street address)	7-70 1-10	2021 AUG 1	9
2350 N. Shadel	and Avenue, Indianapolis, IN 46219					STATE OF THE PERSON NAMED IN
	(Current ma	ailir	ng address, if different)		<del></del>	- <del>,</del>
8. Name and <u>str</u> Name:	<u>eet address</u> of Florida registered agent: ( Jeffrey Brown	[P.C	D. Box <u>NOT</u> acceptable)	F STATE	州川: 42	C
Office Address:	4183 Bay Beach Lanc #371					
	Ft Myers Beach		, Florida			
	(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.

(Registered agent's signature)

10. Attached is a certificate of existence dily 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.

#### A. DIRECTORS Sherry Dean Paul Morey Name: ☐ Chairman □ Chairman Name: 2350 Shadeland Avenue 2350 Shadeland Avenue Address: ☐ Vice Chairman □Vice Chairman Address: ☐ Indianapolis, IN 46219 Indianapolis, IN 46219 ☐ Director □ Director □President President ☐ Vice President ☐ Vice President □Treasurer ☐ Treasurer ☐Secretary ☐ Secretary ☐Other \_\_\_\_ □Other □ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □ Chairman □ Chairman Name: \_\_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman □ Director Director □ President ☐ President □Vice President \_\_\_\_\_ □Vice President □Treasurer ☐ Secretary □Treasurer □ Secretary ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_\_ Name: \_\_\_\_\_\_ □ Chairman Name: □ Chairman □Vice Chairman □Vice Chairman Address: \_\_\_\_\_\_ Address: \_\_\_\_ □ Director □ Director □ President President ☐Vice President □ Vice President ☐ Treasurer ☐ Secretary □Treasurer ☐ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. The officer or director signing this document (and who is listed in number 14 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. Sherry Dean CFO

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

## State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

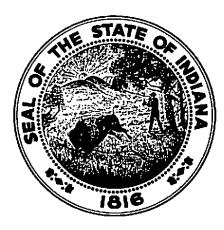
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

#### E SOLUTIONS, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 17, 2009, and was in existence or authorized to transact business in the State of Indiana on August 06, 2021.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 06, 2021

olli Sullian

HOLLI SULLIVAN
SECRETARY OF STATE

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All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on September 05, 2021.