

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Eskudad, Inc.

Certificate of Status	0
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Corporate Filing Menu

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FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE

FILED
2024 FEB -7 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FL

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA** (((H240000514333)))

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. Esknad, Inc.
(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. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/27/2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 501 East Kennedy Boulevard, 650, Tampa, FL, 33602
(Principal office street address)

(Current mailing address, if different)

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

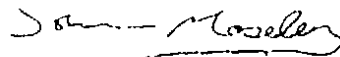
Name: Legaline Corporate Services Inc.

Office Address: 476 Riverside Ave.

Jacksonville, Florida 32202
(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 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.

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11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

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SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS

((H240000514333)))

☐ Chairman Name Max Echeverria
☐ Vice Chairman Address 3423 Piedmont Road Northeast, 4th
☒ Director Atlanta, GA, 30305
☒ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Blaine Davis
☐ Vice Chairman Address 1992 Walthall Drive Northwest
☒ Director Atlanta, GA, 30318
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Paul Michael Daoust
☐ Vice Chairman Address 78 Mayflower Rd
☒ Director Needham, MA 02492
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name Rachael McCarthy
☐ Vice Chairman Address N12 Rebecca Rd
☒ Director Newton MA 02465
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director: _____
☐ President: _____
☐ Vice President: _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director: _____
☐ President: _____
☐ Vice President: _____
☐ Secretary ☐ Treasurer
☐ 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

12. /s/ Max Echeverria

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. Max Echeverria, President

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

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ESKUAD, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESKUAD, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

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SR# 20230304132

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202603397

Date: 01-30-23

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