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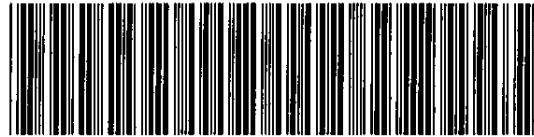
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ESO Equity Group, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Faro

(Name of Person)

Faro & Associates, P.A.

(Firm/Company)

150 Cocoa Isles Boulevard, Suite 404

(Address)

Cocoa Beach, Florida 32931

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Faro

(Name of Person)

at (**321**) **784-8158**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
ESO EQUITY GROUP, LLC

FILED

08 DEC 24 PM 12:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of the limited liability company is ESO Equity Group, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 503 N. Orlando Ave., Suite 203, Cocoa Beach, Florida 32931.

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Faro & Associates, P.A.
150 Cocoa Isles Blvd., Ste. 404
Cocoa Beach, Florida 32931

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Michael Faro, Faro & Associates, P.A.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael Faro, Authorized Agent

Typed or printed name of signee