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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ENS America, LLC	
Name of Limited Liability Company	·
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florid Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."	a," Certificate of siness in Florida
Please return all correspondence concerning this matter to the following:	
David Newman	
Name of Person	_
ENS America, LLC	2011 TAL
Firm/Company	
83 Bellefair Road	2014 FEB -4 SEGNETARY ALLAHASSE
Address	[1] - C
Rye Broak, New York 10573	F7
City/State and Zip Code	F IC
david@hypervibe.com	b .
E-mail address; (to be used for future annual report notification)	
For further information concerning this matter, please call:	
David Newman 21, 855 , 500-2769	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tulluhassee, FL 32314 Clifton Building Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Begin{array}{c} \D \$125.00 \text{ Filing Fee} & \D \$130.00 \text{ Filing Fee} & \D \$155.00 \text{ Filing Fee} & \D \$160.00 \text{ Filing Fee}, \\ \text{Certified Copy} & \text{of Status} & \text{Certified Copy} \end{array}	

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ENS America, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	r"LLC.")
(If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate national transacting business in Florida. The alternate national transacting business in Florida.	ame must include "Limited
2. New York 3.	
(Jurisdiction under the law of which foreign limited liability (FE) number, if applied company is organized)	able) 🔀 😕
4. Upon Filing	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905. F.S. to determine penalty liability)	NAME I
5. 83 Bellefair Road	SEI SEI
Rye Brook, New York 10573	F.S.
(Street Address of Principal Office)	
D. DOISIGH ROAD	<u> </u>
Rye Brook, New York 10573	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to make	anage is/are:
, , , , , , , , , , , , , , , , , , , ,	
David Newman, Manager, 83 Bellefair Road, Rye Brook, NY 10573	**************************************
Robert Shapiro, Manager, 83 Bellefair Road, Rye Brook, NY 10573	
Gabriel Ettenson, Manager, 83 Bellefair Road, Rye Brook, NY 10573	
8. Attached is an original certificate of existence, no more than 90 days old, duly authent having custody of records in the jurisdiction under the law of which it is organized. (A proceptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted) Signature of an authorized person In accordance with section 603,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury aware that any false information stibinited in a document to the Department of State constitutes a third degree felony as provided a visibility of the constitutes at third degree felony as provided a visibility.	chotocopy is not read of the translator
Typed or printed name of signee	_

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name o	f the Limited Liability	Company is:	201 TA	
ENS America, LI	_C		2014 FEB	\neg n
If unavailable,	the alternate to be used	in the state of Florida is:	HASSEE,	F
2. The name a	nd the Florida street ad	dress of the registered agent and office are:	STATE FLORIDA	
	NRAI Services, Inc.			
		(Name)		
	1200 South Pine Island I	Road		
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)		•
	Plantation	FL 33324		
		City/State/Zip		

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 605, Florida Statutes.

Ву:	NRAI Services, Inc.	70			A	
		(Signature)	Zarone	CAS WE/1,	W27- 76	7
				~		

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of New York Department of State } ss:

I hereby certify, that ENS AMERICA, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/24/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 31st day of January two thousand and fourteen.

Anthony Giardina
Executive Deputy Secretary of State

Dutiny Sicidina

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