

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2018 MAR -5 PM 3:08

SECRETARY OF STATE
DIVISION OF CORPORATIONS

000310127760

DOCUMENT # M14000007437

1. Limited Liability Company's Name
ESGAM INVESTMENT PARTNERS, LLC

2. Principal Office Address - No P.O. Box # 3352 NW 53RD CIRCLE		3. Mailing Office Address 3352 NW 53rd Circle	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State BOCA RATON, FL		City & State Boca Raton, FL	
Zip 33496	Country 	Zip 33496	Country

CR2E041 (1/14)

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 10/14/2014	
6. FEI Number 47-2038505	☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status ...	

8. Name and Address of Current Registered Agent

Name
COGENCY GLOBAL INC.

Street Address (P.O. Box Number is Not Acceptable) Suite,
115 North Calhoun St., Suite 4

Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Maura K. Kugelmann **Maura Kugelmann** Ass't Secretary Date **3-8-2018**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	LESLIE SUSSMAN	3352 NW 53RD CIRCLE	BOCA RATON, FL 33496

11. E-mail Address **LESLIE.BIALICK@GMAIL.COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.

Signature of authorized representative/member Leslie Bialick Date **2/21/18** Daytime Phone # **732-284-8237**

Typed or printed name of signing authorized representative/member **Leslie Bialick**

REINSTATEMENT

MAR 5 2018

R. HUNT



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 3/5/2018

Name: Merritt Knickle

Reference #: L103839

Entity Name: ESGAM INVESTMENT PARTNERS, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☒ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

RECEIVED
DEPARTMENT OF STATE
18 MAR -5 PM 4:30

Authorized Amount: \$516.25

Signature: WAX

MAR 15 2018

R. HUNT

• CORPORATE HQ
COGENCY GLOBAL INC
10 E 40 ST, 10 FL
NY, NY 10016
800.221.0102
+1.212.947.7200

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY #01072
6 BEVIS MARKS, 11 FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12 FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



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TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM