

M 15 0000 4712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

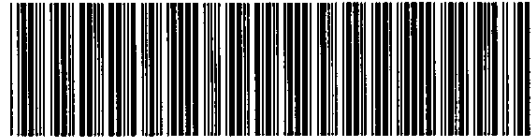
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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6-17-15 CR



6 Optical Avenue
Keene, NH 03431
Phone: (603) 354-6100
Fax: (603) 354-4694

Via Overnight Delivery

June 11, 2015

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

Re: ES3 Florida LLC

To Whom it May Concern:

Enclosed, please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida form, along with a Good Standing Certificate provided by the State of Delaware on June 5, 2014.

Additionally included is our *check* in the amount of \$155.00 to cover the filing fee costs as well a certified copy of the documents to be returned to the undersigned.

If you have any questions, please let me know.

Thank you for your kind assistance in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Cynthia Lake".

Cynthia Lake, Paralegal
clake@cswg.com

T: (603) 354-4619

F: (603) 354-4694

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ES3 Florida LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Cynthia Lake

Name of Person

ES3 LLC

Firm/Company

7 Corporate Drive

Address

Keene, NH 03431

City/State and Zip Code

clake@cwg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Lake

603
at ()

354-4619

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

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

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. ES3 Florida LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-4234987
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 6 Optical Avenue
Keene, NH 03431
(Street Address of Principal Office)
6. 7 Corporate Drive
Keene, NH 03431
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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.

Kenner Jones - VP
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

William M. Boyd III, SVP, GC & Secretary, 7 Corporate Dr., Keene, NH 03431

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

William M. Boyd III
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

William M. Boyd III

Typed or printed name of signee

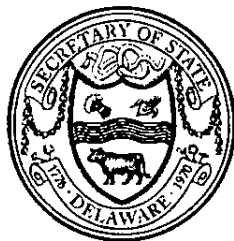
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUN 12 AM 9:18

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "ES3 FLORIDA LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF JUNE, A.D. 2015, AT 1:05 O'CLOCK P.M.



5761327 8100

150885428

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2442098

DATE: 06-05-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:05 PM 06/05/2015
FILED 01:05 PM 06/05/2015
SRV 150885428 - 5761327 FILE

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

First: The name of the limited liability company is ES3 Florida LLC

Second: The address of its registered office in the State of Delaware is 1209 Orange Street in the City of Wilmington.
Zip code 19801. The name of its Registered agent at such address is The Corporation Trust Company

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

5th day of June, 2015

By: William M. Boyd, III
Authorized Person (s)

Name: William M. Boyd, III