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| (Re | equestor's Name) | | | | |
|---|--------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



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15 NOV 10 AM 9: 52 SECRETARY OF STATE TALLAHASSEE FLORIC

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COVER LETTER

| UBJECT: _ | ES3, LLC | |
|----------------------------|--|---|
| eboler | Name of Lin | nited Liability Company |
| | | y for Authorization to Transact Business in Florida," Certific ed foreign limited liability company to transact business in F |
| lease return a | Il correspondence concerning this matter to the fol | lowing: |
| | Sue Duffy | |
| | Name | e of Person |
| | ES3, LLC | |
| | Firm | /Company |
| | 7 Corporate Drive | |
| | A | address |
| | Keene, NH 03431 | |
| | City/State | and Zip Code |
| | ssarneck@cswg.com | |
| | E-mail address: (to be used for | or future annual report notification) |
| or further info | ormation concerning this matter, please call: | |
| Sue Duffy | | 603 354-4706 |
| | Name of Contact Person | Area Code Daytime Telephone Number |
| Divisi Regist P.O. E | cing ADDRESS: on of Corporations tration Section Box 6327 hassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| | | \$155.00 Filing Fee & \$\square\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy |

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

IN COMPILINCE 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:

| | OFFICE OF THE GENTLOW PROPERTY | 271. | | |
|---|--|---|--|---|
| I. ES3, LLC | | | | |
| (Name of For | eign Limited Liability Company: m | iust include "Limited L | iability Company," "L.L.C.," or "I | I.C.") |
| (I) 11 1 | L | | | |
| Liability Company," "L.L.C, | Iternate name adopted for the purpo " or "LLC.") | ose of transacting busin | ess in Florida. The alternate name | must include "Limited |
| Delaware | | 3. 04-3383241 | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | | (FEI number, if applicable) | |
| f | (Date first transacted busin (See sections 605.0904 & 605 | ness in Florida, if prior | to registration.) | |
| 6 Optical Ave | (See sections 603.0904 & 605 | 5.0905, F.S. to determi | ne penalty liability) | |
| Keene, NH 03431 | | | | |
| | (Street Address of | Principal Office) | | |
| c/o Legal Department, | 7 Corporate Drive | | | |
| Keene, NH 03431 | | | | |
| | _ | (Address) | | |
| . Name and street addres | s of Florida registered agent: (P | O. Box NOT accep | otable) | |
| Name: | CT Corporation System | | _ | |
| Office Address: | 1200 South Pine Island Road | | | |
| | Plantation | | , Florida <u>33324</u> | |
| Registered agent's accept | (City) | | (Zip code) | |
| esignated in this applica complywith the provision | gistered agent and to accept serviton, I hereby accept the appoint ons of all stajutes relative to the my position as registered agent, (Regist | itment as registered i proper and complet | agent and agree to act in this c te performance of my duties, at - V f | apacity. I further agree |
| | city and address of the person(s) | | ority to manage is/are: | 0 A |
| William M. Boyd III- SVI | , Secretary and General Counse | :1 | | |
| Corporate Drive | | | | ORIO 9: 5 |
| Ceene, NH 03431 | | | | 55 W |
| Attached is a certificate insdiction under the law of the translator must be su | of existence, no more than 90 day of which it is organized. (If the co- bmitted) | ays old, duly authenti ertificate is in a fore | cated by the official having cus ign language, a translation of the | tody of records in the e certificate under oath |
| | Willia | A LAND | | \bigcup |
| | Signature | of an authorized perso | on . | - |
| his document is executed abmitted in a document to | in accordance with section 605.0 the Department of State constitu | 0203 (1) (b), Florida ites a third degree fel | Statutes. I am aware that any fai ony as provided for in s.817.15. | lse information 5, F.S. |
| | | n M. Boyd III | | |
| | Tanad as a | reinted name of viscess | | |

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ES3, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRD DAY OF NOVEMBER, A.D. 2015.

15 NOV 10 AM 9: 52
SECRETARY OF STATE
TABLAHASSEF FLORID

Authentication: 10354479

Date: 11-03-15

2715397 8300 SR# 20150753195