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COVER LETTER

	ration Section n of Corporatio	ns		·	
SUBJECT:		E230L	LLC		
		Name of	Limited Liability Compar	ny	,
				Transact Business in Florida," ility company to transact busin	
Please return all	correspondence	concerning this matter to the	following:		
		Ant	hony BAR	20	
		N	ame of Person		,
		E	250L U	C	
		F	irm/Company		· 1
	6211	NW 53nd	St. Suite	700	6 AN
			Address		
	800	a Raton	Fla 33	3487	10 VA
		City/S	tate and Zip Code		
		abaroc	wersol.	com	PH 3: 4.7
		E-mail address: (to be use	d for future annual report	notification)	,
For further infor	mation concernir	ng this matter, please call:			
	Antho	ny Baro	at (401)	489-2273	
	Name	of Contact Person	Area Code I	Daytime Telephone Number	•
Division Registr P.O. B	ING ADDRESS on of Corporation ration Section ox 6327 assee, FL 32314		Divisi Regist Cliftot 2661	cet Address: on of Corporations tration Section n Building Executive Center Circle hassee, FL 32301	
	eck for the follow 5.00 Filing Fee	ving amount: 12 \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	& □ \$160.00 Filing Fee, C of Status & Certified Co	

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

	CTION 605.0902, FLORIDA STATUT PUSINESS IN THE STATE OF FLORI		WING IS SUBMITTE	D TO REGISTER A	FOREIGN LIMITEL) LIABILITY
1		OL U	C			
(Name of For	reign Limited Liability Company;			pany,'' "L.L.C.,'' or	"LLC.")	-
(If name unavailable, enter a	alternate name adopted for the purp	oose of transactin	g business in Florid	a. The alternate nar	ne must include "Lii	 mited
Liability Company," "L.L.C Rhorle	ISLAND	2	27214	5290		
(Jurisdiction under the law company is organized)	w of which foreign limited liability	3	27214 (FEI nu	mber, if applicable)	_
company is organized)		NA				
4	(Date first transacted bus (See sections 605.0904 & 6	iness in Florida,	if prior to registratio	on.) ability)	<u>-</u>	
5. 621 N	iw 53 nd S	t. Su.	te 240	2	_	-4,,,
Boca	Raton Pla	- 33 9	187		- 1811 31	
	(Street Address	of Principal Offic	e)		موري موري	
6			- / o		- "	o 紹文
		·	s above			
	(Mailir	ng Address)			•	3.4.
7. Name and street addre	ess of Florida registered agent:					<u> </u>
Name:	Anthony	Bar	9-			·
Office Address:	621 NW 53, Boca Raton	rd St.	Suite	240		
	Boca Raton		Florida	3348	7	
	(City)		, 1 101100	(Zip code)	_	
Registered agent's acce _l <i>Having been named as r</i> a	ptance: <i>registered agent and to accept s</i>	service of proce	ss for the above s	tated limited liab	ility company at ti	he place
designated in this applica	ation, I hereby accept the appo tions of all statutes relative to t	ointment as regi	istered agent and	agree to act in th	is capacity. I furt	ther agree
	ons of all statutes retailive to the my position as registered agen		ompiete perjormi	unce oj my uune:	s, ana 1 am jamua	ur wun und
			3			
	(Reg	gistered agent's si	ignature)		-	
8. The name, title or cap	pacity and address of the person	ı(s) who has/hav	e authority to mar	nage is/are:	,	
Anthony	Baro, PRINCE	iPAL,	6ZINW	53 rd	St SuiT	te 240
Boca Ra	Baro, PRINCE	3348	87	· · · · · · · · · · · · · · · · · · ·		
	e of existence, no more than 90 of which it is organized. (If the submitted)					
	Signat	ure of an authoriz	red person		-	
This decomposed is a second	_		•	41 4	6.1 (6	
	ed in accordance with section 60 to the Department of State cons					I



Certification Number: 16040060920

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

E2SOL LLC

a Rhode Island limited liability company, filed original articles of organization in this office on

February 18, 2010

Effective

February 18, 2010

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

Friday, April 22, 2016

Tullin W. Harlen
Secretary of State

Authorized Agent

