

M16000005170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

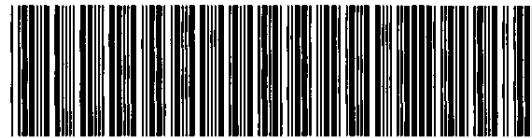
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUN 27 PM 2:26  
2016  
SHERIFF'S OFFICE  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

JUN 28 2016  
J. HARRIS

**COVER LETTER**

**TO:** **Registration Section**  
**Division of Corporations**

**SUBJECT:** ESSINAR, 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:

KAREN A. LEADER, CPA

Name of Person

STREETMAN, JONES & POWERS, LLC

Firm/Company

171 CHURCH STREET, SUITE 240

Address

CHARLESTON, SC 29401

City/State and Zip Code

kleader@cpacharleston.com

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

For further information concerning this matter, please call:

KAREN A. LEADER	843	723-3133
Name of Contact Person	at (	)
	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. ESSINAR, 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. SOUTH CAROLINA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1807511

(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. 2400 NE 65th STREET APT #312

FORT LAUDERDALE, FL 33308

(Street Address of Principal Office)

6. 3 WATROO PT

CHARLESTON, SC 29492

(Mailing Address)

16 JUN 27 PK 2:26  
SECY OF STATE  
TALLAHASSEE, FLA  
2011

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SHELBY ROGERS

Office Address: 2400 NE 65th STREET, APT #312

FORT LAUDERDALE, Florida 33308  
(City) (Zip code)

**Registered agent's acceptance:**

*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 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.*

Shelly Rogers  
(Registered agent's signature)

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

SHELBY ROGERS, MANAGER

3 WATROO PT

CHARLESTON, SC 29492

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)

Shelly Rogers

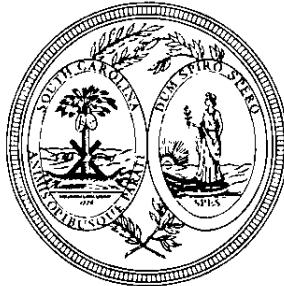
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

SHELBY ROGERS

Typed or printed name of signee

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina, Hereby Certify that:**

ESSINAR, LLC, a limited liability company duly organized under the laws of the State of South Carolina on September 15th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 24th day of May, 2016.

A handwritten signature in black ink, which appears to read "Mark Hammond".

Mark Hammond, Secretary of State