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AUG 1 7 2016 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2016

ENRIQUE R UBARRI PO BOX 430821 MIAMI, FL 33243

SUBJECT: ESB SOLUTIONS GROUP, LLC

Ref. Number: W16000051237

We have received your document for ESB SOLUTIONS GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 416A00015412



P.O. Box 430821 Miami, FL 33243

August 9, 2016

Ms. Shelia H. Young Regulatory Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: ESB Solutions Group, LLC

Ref. Number: W16000051237

Dear Ms. Young:

Reference is made to letter dated July 22, 2016 whereby you acknowledge receipt of our Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and notify us of the missing signature by our registered agent. Attached please find the duly executed document.

If you have any questions or need further information on this matter, do not hesitate to contact us.

Ehrique R. Ubarri

Managing Director

Enclosures

COVER LETTER

	Registration Section Division of Corporation	s					
SUBJECT	ESB SOLUTIONS O	GROUP, LLC					
SOBOLC	· · · · · · · · · · · · · · · · · · ·	Name of	Limited Liability (Company			
		eign Limited Liability Comp I to register the above refer					
Please retu	urn all correspondence co	oncerning this matter to the	following:				
	Enrique R. Ubai	ri					
		N	ame of Person			•	
	ESB Solutions (Group, LLC					
Firm/Company							
	P.O. Box 43082	1				16	TAS:
	Address					الل	(RE
	Miami, FL 3324	3				16 JUL 21 AM 8: 1	7555 7555 7555
		City/S	tate and Zip Code			2	ing H
	eubarri@esbsg.co	m				œ	
	-	E-mail address: (to be used	d for future annual	report not	ification)	6	<u>ان</u> م
For furthe	r information concerning	this matter, please call:					
I	Enrique R. Ubarri		305 at (336-56	17		
_	Name of	Contact Person	Area Code	Day	time Telephone Number	•	
E R P	MAILING ADDRESS: Division of Corporations Registration Section 2.O. Box 6327 Callahassee, FL 32314			Division e Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
	is a check for the following \$125.00 Filing Fee	ng amount: \$\square\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ıg Fee &	■ \$160.00 Filing Fee, C of Status & Certified Co		

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 BI ISINESS. IN THE STATE OF FLORIDA:

ESB Solutions Group,	LSINESS IN THE STATE OF FLORID LLC eign Limited Liability Company: m		wit-11 inhility Company	"" I C " or "I C	.,, -	
(Name of For	eign Limited Liability Company; m	ust include "Lif	mited Liability Company.	, D.D.C., OI DEC	.)	
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpo	se of transactin	g business in Florida. Th	e alternate name mus	st include "Limi	ited
₂ DELAWARE		3. 81-12	280645			
(Jurisdiction under the law company is organized)	of which foreign limited liability	<u> </u>	(FEI number	r, if applicable)		
4. No business has been	transacted in Florida as of this d					
	(Date first transacted busin (See sections 605.0904 & 60	ness in Florida, 5.0905, F.S. to	if prior to registration.) determine penalty liabili	ty)		
5. 5245 Oak Ln				<u> </u>		
Coral Gables, FL 3315						
6. P.O. Box 430821	(Street Address of	Principal Offic	ce)		ನ	38
Miami, FL 33243					JUL .	13.5 13.57
171141111, 1 2 3 3 2 1 3	(Mailing	(Address)			21	- 55.25 - 57.25 - 57.2
7 Name and street address	ss of Florida registered agent: (I	P O Boy NO	T acceptable)		呈	
	- - • • • •	1.0. Box <u>NO</u>	<u>1</u> acceptable)		Ċ	5
Name:	Enrique R. Ubarri		_ 		16	
Office Address:	5245 Oak Ln	 -				المراز
	Coral Gables		, Florida <u>33</u>	156		
Registered agent's accep	(City)			(Zip code)		
Having been named as redesignated in this applicate to complywith the provisi	gistered agent and to accept setion, I hereby accept the appoin ons of all statutes relative to the my position as revistered agent	ntment as reg	istered agent and agre Complete performance	e to act in this cap	acity. I furth	er agree
· · · · · · · · · · · · · · · · · · ·	acity and address of the person(s			is/are:		
Enrique R. Ubarri, Manag	ging Director, 5245 Oak Ln., Co	ral Gables, FI	L 33156			
Mailing Address: P.O. Bo	ox 430821, Miami, FL 33243			<u> </u>		
				· _		
9. Attached is a certificate jurisdiction under the law of the translator must be so	S/N	certificate is in	n a foreign language, a	fficial having custo translation of the	dy of records : certificate und	in the er oath
	' Signatur	re of an authoriz	zed person			
	I in accordance with section 605 the Department of State constitution					

Typed or printed name of signee

Enrique R. Ubarri

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ESB SOLUTIONS GROUP, 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 TWENTY-NINTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESB SOLUTIONS GROUP, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

16 JUL 21 AM 8: 16



Authentication: 202577849

Date: 06-29-16

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