4846000011

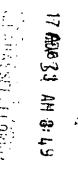
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600303041116

08/31/17--01013--016 **125.00



SEP 1 4 2017 Y SULKER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Esoterix, LLC	
SOB	Name of Limited Liability Company	
The er Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Cel ce, and check are submitted to register the above referenced foreign limited liability company to transact business	rtificate of in Florida
Please	return all correspondence concerning this matter to the following:	
	Kelcie Keebler	
	Name of Person	
	Verna & Associates	
	Firm/Company	
	105 Jessup Road	
	Address	
	West Deptford, NJ 08086	
	City/State and Zip Code	
	kkeebler@verna.com	
	E-mail address: (to be used for future annual report notification)	
For fu	ther information concerning this matter, please call:	
	Kelcie Keebler 856 384-8400	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclo	ed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certified Copy Certificate of Status Certified Copy of Status & Certified Copy	ficate

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

IN COMPLANCE WITH SECTION 605 0002, PLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Esoterix Consulting , LLC	 -		
It name unavailable, enter alternate i	aine adopted for the purpose of transacting business in I	florida. The alternate name must include "Limited Li	ability Company," "U. L. C." or "LTC")
South Dakota		3. 47-2358288	
(Jurisdiction under the law of w	high foreign lumited liability company is organized)	() Ist non	iber, if applicable)
•			
1,	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	to registration) rmne penalty hability)	
5 12780 SW 104 Avenu		6. 105 Jessup Road	
(Street Address of	Principal (Affice)	(Mading Ad	divssi
Miami, FL 33176		West Deptford, NJ 08086	
7. Name and street addre	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
	Sean Hynds		
Name:	Scan Hyrida		
Office Address:	12780 SW 104 Avenue		
	Miami	, Florida 33176	
	(Cux)	, riorida(Zip e	ide)
Registered agent's accep	ntárice:		· 17.
Having been named as re designated in this applica- to comply with the provis	egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop	ras registered agent and agree to ac	t in this capacity. T es ther agi
Having been named as re designated in this applica- to comply with the provis	egistered agent and to accept service of tion. I hereby accept the appointment	ras registered agent and agree to ac	t in this capacity. T es ther agr
Having been named as re designated in this applica- to comply with the provis	egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop	as registered agent and agree to ac er and complete performance of m	t in this capacity. P er ther agr
Having been named as redesignated in this applicate to comply with the provise and accept the obligation	egistered agent and to accept service of tion. I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent. (Registered agen	t as registered agent and agree to ac er and complete performance of my c's signature)	d in this capacity. Profiler, agree duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provise and accept the obligation	egistered agent and to accept service of ution, I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent.	t as registered agent and agree to ac er and complete performance of my c's signature)	d in this capacity. Profiler, agree duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or capacity:	egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent. (Registered agen acity and address of the person(s) who	as registered agent and agree to accer and complete performance of my Cs signature) has/have authority to manage is/are:	d in this capacity. Payther, agree duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisional accept the obligation. 8. The name, title or cap	egistered agent and to accept service of the appointment ions of all statutes relative to the propers of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address:	t as registered agent and agree to accer and complete performance of my t's signature) has/have authority to manage is/are: Title or Capacity:	d in this capacity. Payther, agree duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or capacity:	egistered agent and to accept service of the appointment ions of all statutes relative to the propers of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: 12780 SW 104 Avenue	t as registered agent and agree to accer and complete performance of my t's signature) has/have authority to manage is/are: Title or Capacity:	d in this capacity. Profiler, agree duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or capacity:	egistered agent and to accept service of the appointment ions of all statutes relative to the propers of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: 12780 SW 104 Avenue	t as registered agent and agree to accer and complete performance of my t's signature) has/have authority to manage is/are: Title or Capacity:	d in this capacity. Payther, agree duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or capacity:	egistered agent and to accept service of the appointment ions of all statutes relative to the propers of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: 12780 SW 104 Avenue	t as registered agent and agree to accer and complete performance of my t's signature) has/have authority to manage is/are: Title or Capacity:	d in this capacity. Payther, agree duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or capacity:	egistered agent and to accept service of the appointment ions of all statutes relative to the propers of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: 12780 SW 104 Avenue	t as registered agent and agree to accer and complete performance of my t's signature) has/have authority to manage is/are: Title or Capacity:	d in this capacity. Payther, agree duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation 8. The name, title or cap Title or Capacity: Sean Hynds	egistered agent and to accept service of tion. I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: 12780 SW 104 Avenue Miami, FL 33176	t as registered agent and agree to accer and complete performance of my t's signature) has/have authority to manage is/are: Title or Capacity:	d in this capacity. Payther, agree duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or capacity:	egistered agent and to accept service of tion. I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: 12780 SW 104 Avenue Miami, FL 33176	t as registered agent and agree to accer and complete performance of my t's signature) has/have authority to manage is/are: Title or Capacity:	d in this capacity. Payther, agree duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity: Sean Hynds (Use attachments if nece 9. Attached is a certificate	egistered agent and to accept service of attion. I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: 12780 SW 104 Avenue Miami, FL 33176 ssary) e of existence, no more than 90 days of of which it is organized. (If the certific	ds registered agent and agree to accer and complete performance of my "s signature) has/have authority to manage is/are: Title or Capacity: Member d, duly authenticated by the official	Name and Address:
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity: Sean Hynds (Use attachments if nece 9. Attached is a certification under the law of the translator must be seen to compare the content of the translator must be seen the content of the translator must be seen the content of the translator must be seen the content of the content of the translator must be seen the content of the conten	egistered agent and to accept service of attion. I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: 12780 SW 104 Avenue Miami, FL 33176 ssary) e of existence, no more than 90 days of of which it is organized. (If the certific submitted)	d. duly authenticated by the official cate is in a foreign language, a transl	Name and Address: having custody of records in the ation of the certificate under oat
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity: Sean Hynds (Use attachments if nece 9. Attached is a certification under the law of the translator must be seven.)	egistered agent and to accept service of attion. I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: 12780 SW 104 Avenue Miami, FL 33176 ssary) e of existence, no more than 90 days of of which it is organized. (If the certific submitted)	d. duly authenticated by the official cate is in a foreign language, a transl	Name and Address: Name and Address: having custody of records in the ation of the certificate under oat that any false information
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity: Sean Hynds (Use attachments if nece 9. Attached is a certification under the law of the translator must be seven.)	egistered agent and to accept service of attion. I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent. (Registered agent acity and address of the person(s) who Name and Address: 12780 SW 104 Avenue Miami, FL 33176 ssary) e of existence, no more than 90 days of of which it is organized. (If the certific submitted)	d. duly authenticated by the official cate is in a foreign language, a transl	Name and Address: having custody of records in the ation of the certificate under oat are that any false information
Having been named as redesignated in this applicate to comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity: Sean Hynds (Use attachments if nece 9. Attached is a certification under the law of the translator must be seven.)	egistered agent and to accept service of ation. I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. (Registered agent active and address of the person(s) who Name and Address: 12780 SW 104 Avenue Miami, FL 33176 ssary) e of existence, no more than 90 days of of which it is organized. (If the certific submitted) cuted in accordance with section 605.0, of the Department of State constitutes a	d. duly authenticated by the official cate is in a foreign language, a transl	Name and Address: having custody of records in the ation of the certificate under oat are that any false information

Typed or printed name of signee

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Limited Liability Company

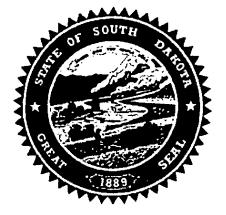
I, Shantel Krebs, Secretary of State of the State of South Dakota, hereby certify that

Esoterix, LLC

Business ID: DL041074

was authorized to transact business in this state on: November 12, 2014.

I, further certify that **Esoterix**, **LLC** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, August 28, 2017.

Shartel Krebs

08/28/2017 9:32 AM

Verification #: 009819935

Shantel Krebs Secretary of State