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S. WARREN MAR 0.8 2018

#### COVER LETTER

TO: **Registration Section Division of Corporations** 

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:



For further information concerning this matter, please call:



Enclosed is a check for the following amount: \$125,00 Filing Fee \$\Box\$ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Tallahassee, FL 32301

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

IN COMPLIANCE WITH SECTION (05.042, FLORIDA NEATURE). THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. UMITED UABILITY COMPANY TO TRANSACT BUSINESS IN THE SEATE OF FLORIDA

ES NB HULLINGE L.L.C. (Name of Foreign Limited Liability Company, multiplude "Limited Liability Company," "LLC," or "LLC") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Floridi. The alternate name must include "Limited Liability Company," "I, U, C," or "TTC ") C 3. 1010 (FEI number at applicable) ited hability company is organized) Date first transacted business in Florida, if prior to registration') See sections 605 (9804 & 605 (9825) F.S. to determine penalty ha 101 7. Name and street address of Florida (egistered agent: (P.O. Box NOT acceptable) 4 Griffin P.A. tulton. Name: siness Office Address: Lan , Florida 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 complate performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. IKcgistered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address Title or Capacity:

(Use attachments if necessary)

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).

10. This document is executed in accordance with section 605 0203 (1) (b). Florida Statutes 1 am aware that any false information submitted in a document to the Department of State constitutes whird degree felony as provided for in \$.817.155, F.S.

NOWSMIT,

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# State Corporation Commission

### CERTIFICATE OF FACT

## I Certify the Following from the Records of the Commission:

That ES WB Holdings, L.L.C. is duly organized as a limited liability company under the law of the Commonwealth of Virginia:

That the date of its organization is February 24, 2018; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: February 26, 2018

Joel H. Peck, Clerk of the Commission