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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Foreign Limited Liability Company **PRO Optimal ES LLC**

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Help

R. SALY

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

PRO Optimal ES LLC				
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Company," "L. L.C.," or "LLC.")		
I name unavailable, enter akernate :	name adopted for the purpose of transacting business in F	lurida. The alternate name must include "Limited Liability Co	ompany," "L.L.C." or "LLC.")	
Delaware				
	hich foreign limited liability company is organized)	3. (Hil number, if app	(cable)	
(value) as from the control of the c	uncu antelån semien implinè combanè a orkanistro.	(· · · · · · · · · · · · · · · · · · ·	,	
•	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	regarration) rise penalty liability)		
1790 Highway ATA, S	Suite 1000	6. (Mailing Address)		
Street Address of Principal Office)	······································	(Mailing Address)		
Satellite Beach, FL 32937		Satellite Beach, FL 32937		
		<u> </u>		
			12. 12.1	
			SIEST LEB	
	ss of Florida registered agent: (P.O. Bo	NOT . II.	رن سن	
. Name and street address	ss of riorida registered agent. (r.o. bo.	x NOT acceptable)		
. Name and <u>street addres</u>	ss of Plotted registered agent. (1.0. bo.	x NOT acceptable)	1 S S S S S S S S S S S S S S S S S S S	
	Corporate Creations Network Inc.	NOT acceptable)	ASSECTION	
Name and <u>street addres</u> Name:		NOT acceptable)	ASSECTION	
Name:		NOT acceptable)	1 S S S S S S S S S S S S S S S S S S S	
	Corporate Creations Network Inc. 801 US Highway I		ASSECTION	
Name:	Corporate Creations Network Inc. 801 US Highway I North Palm Beach	33408	ASSECTION	
Name:	Corporate Creations Network Inc. 801 US Highway I North Palm Beach	33408	SSECTION PH	
Name: Office Address:	Corporate Creations Network Inc. 801 US Highway I North Palm Beach	33408	SSECTION PH	
Name: Office Address: legistered agent's acceptaining been named as re	Corporate Creations Network Inc. 801 US Highway I North Palm Beach (Cay) stance: egistered agent and to accept service of	33408 , Florida (Zip code) process for the above stated limited liability	SSE CLOSID	
Name: Office Address: Registered agent's acceptaving been named as referenced in this applica	Corporate Creations Network Inc. 801 US Highway I North Palm Beach (Cay) stance: egistered agent and to accept service of ution. I hereby accept the appointment	33408, Florida (Zip code) [process for the above stated limited liability as registered agent and agree to act in this	ty company at the place capacity. I further agre	
Name: Office Address: Registered agent's acceptaing been named as relesignated in this applicate comply with the provis	Corporate Creations Network Inc. 801 US Highway I North Palm Beach (Cay) otance: egistered agent and to accept service of ation, I hereby accept the appointment vious of all statutes relative to the prope	33408 , Florida (Zip code) process for the above stated limited liability	ty company at the place capacity. I further agr.	
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
≅Manager	Name: Beena Shilvant	Manager	Name: Theopoula Vogiatzi
□Member	Address:	☐ Member	Address:
□Authorized	1790 Highway A1A, Suite 1000	☐ Authorized	1790 Highway A1A, Suite 1000
Person	Satellite Beach, FL 32937	Person	Sutellite Beach, FL 32937
□Other	□Other	□ Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	☐ Member	Address:
□Authorized		□Authorized	
Person		Person	37. 8
□Other	Other	□ Other	T. 17
□Manager	Name:	☐ Manager	Name: 55.
□Member	Address:	☐ Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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. 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.

	-87
	Signature of an authorized person
Saray Djidji, Attorney in Fact	
	Typed or printed name of signer

• 15612148442

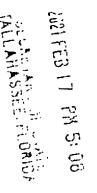
Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRO OPTIMAL ES 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRO OPTIMAL ES LLC" WAS FORMED ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2021.

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





Authentication: 202527725

Date: 02-17-21