(((H21000125227 3)))

(shown below) on the top and bottom of all pages of the document.



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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

Email	Address:		 	 	

Foreign Limited Liability Company **Eseye LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,180.00

Electronic Filing Menu Corporate Filing Menu



From: Ranae McGraw

: 7

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

IN COMPLANCE WITH SECTION 605.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITE	T) HABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	

raine unavaliable, enter alternate o	arne adopted for the purpose of transacting business in Flor	ai I batimi. In abulani buni aman atamatla ad Fabir	bility Company," "Ed. C." or "LEC
Delaware		30-0820645 3.	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FIT number	a, if applicable;
09/08/2017			2021 SEC
	(Date fort transactad Intender in Florida, il princito i (See acciunta 605 0904 & 605 0905, F.S. to determin	egistration) e penalty fiability)	
1044 Black Rock Tpk		1044 Black Rock Tpk	DZI MAR 29 SEGRETAD
reel Address of Principal (littler)		6. (Mailing Address)	
Easton, CT 06612		Easton, CT 06612	PH II:
			E L
Name and street addres	ss of Florida registered agent (P.O. Box	NOT acceptable)	
	NRAI Services, Inc.		
Name:			
Name: Office Address:	1200 South Pine Island Road		
		33324 , 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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By	NRAI Services, Inc	alterdanie Herry	Assistant Secretary
	(Registered ag	out a signature)	

From: Ranae McGraw

8. For initial indexing purposes,	, list names, title or capacity	y and addresses of the primary	members/managers or persons authorized to
manage [up to six (6) total]:			

☑ Manager Name: Tony Byrne ☐ Manager Name: Kevîn M. Lyn	ıch
☐Member Address: ☐Member Address: ☐Member Address: ☐ ☐Member ☐Member ☐ ☐Member ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Rock Tpk
Faston, CT 06612 Easton, CT 06612	
Person Person	
□Other □Other □Other □Other	
☐Manager Name: ☐Manager Name: ☐	<u> </u>
☐Member Address: ☐Member Address: ☐	. O .
□Authorized □Authorized □□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Person Person	
□Other □Other □Oth	cr
□Manager Name: □ □Manager Name: □	
☐Member Address: ☐Member Address:	
□ Authorized □ □ Authorized □ □ Authorized	
PersonPerson	
OtherOtherOtherOther	ner

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.

Mu Incel	
	Signature of an authorized porum
Kevin M. Lynch	
	Tuned or minted come of times

To: 18506176385



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ESEYE 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-THIRD DAY OF MARCH, A.D. 2021.

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

- h.t.---

5482612 8300 SR# 20211003398 Authentication: 202798482 Date: 03-23-21

You may verify this certificate online at corp.delaware.gov/authver.shtml