## Ma100016357

(Requ	uestor's Name)
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PICK-UP	WAIT MAIL
(Busi	ness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to Fi	ling Officer:
emailed 121	Prost 76 6/21/03/259

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## COVER LETTER

	Empire Realty Group, LLC					
SUBJECT:		flinia dickilla Company	_			
	Name	e of Limited Liability Company				
The enclosed Existence, an	I "Application by Foreign Limited Liability ( ad check are submitted to register the above to	Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus	i," Certif siness in	icate of Florida		
Please return	all correspondence concerning this matter to	o the following:				
	Tiffany Turk					
		Name of Person	_			
	ESO Equity Group, LLC					
	Firm/Company					
	150 Cocoa Isles Blvd, Suite 202					
		Address	21 DI	e>=(=)		
	Cocoa Beach, FL 32931		2021 DEC -6	ibecom cheluco		
	C	ity/State and Zip Code	- 6 0	11		
	nbuschner@esoequitygroup.com	in .	PH 7: 01			
	E-mail address: (to be	used for future annual report notification)				
For further in	nformation concerning this matter, please ca	II:				
Tiñ	lany Turk	321 783-5252 at ()				
_	Name of Contact Person	Area Code Daytime Telephone Number	_			
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🗎 \$160.00 Filing Fee				

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECEISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Empire Realty G.oup, LLC (Name of Foreign Limited Liability Company, must melode "Limited Liability Company," "LL.C.," or "LLC.") 47-1100573 Deleware (Jurisdiction under the law of which having limited liability company is organized) 96 Willard Street, Suite 302 96 Willard Street, Suite 302 5. (Street Address of Principal Office) (Mailing Address) Cocoa, FL 32922 Cocoa, FL 32922 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mitchell Goldman Name: 96 Willard Street, Suite 302 Office Address: Cocoa, FL Florida Registered agent's acceptance: Having been named as registered agent and to accept service of protess 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.

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]:

□Manager       Name:       □Manager       □Manager       □Manager       □Manager       □Manager       Name:       □Manager       □Manager <t< th=""><th>Title or Capacity:</th><th>Name and Address:</th><th colspan="2">Title or Capacity:</th><th colspan="2">Name and Address:</th></t<>	Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:	
□Member Address: □Member Address:   ■Authorized □Authorized   Person Cocoa, Fl. 32922 Person   □Other □Other □Other □Other   □Manager Name: □Member Address:   □Member Address: □Member Address:   □Authorized □Authorized □Other □Other □Other   □Manager Name: □Other □Other □Other   □Member Address: □Member Address: □Member   □Authorized □Authorized □Authorized   Person Person Person	□Manager	Name:	□Manager	Name:		
Authorized  Person  Cocoa, FL 32922  Person  Other	□Member	Address:	□Member	Address:		
Person  Other Other Other Other Other Other  Manager Name:	■Authorized	Suite 302	□Authorized			
□Manager Name:	Person		Person			
Member   Address:     Member   Address:     Authorized	□Other	Other	□Other		□Other	
Authorized	□Manager	Name:	□Manager	Name:		
Person Person  Other Oth	□Member	Address:	□Member	Address:		
□Other □Other □Other   □Manager Name: □Manager   □Member Address: □Member   □Authorized □Authorized   Person Person	□Authorized		□Authorized			
Other Other Other     □Manager Name: ○Manager   □Member Address: ○Member   □Authorized □Authorized     Person Person	Person		Person		280	
□Member Address:   □Authorized □Authorized   Person Person	□Other	Other	Other		DOther S 1	
□Member Address:   □Authorized □Authorized   Person Person	□Manager	Name:	□Manager	Name:	So PA	
Person Person	□Member	Address:	□Member	Address:	المحصورة المحارة	
	□Authorized		□Authorized		L. ;	
□Other □Other □Other □Other	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.

Signature of an authorized person

Jessica Boswell



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

DELAWARE, DO HEREBY CERTIFY THAT "EMPIRE REALTY GROUP, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

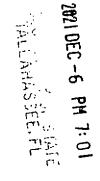
CERTIFICATE OF FORMATION, FILED THE FOURTEENTH DAY OF FEBRUARY,
A.D. 2014, AT 3:43 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.



Authentication: 204863700

Date: 12-03-21