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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

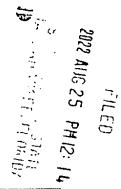
Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

Foreign Limited Liability Company ES Surfside Palm Beach, LLC

| Certificate of Status | l l      |
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| Certified Copy        | 0        |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY ES Surfside Palm Beach, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LL.C." or "LL.C.") Delaware (haradiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 9350 S Dixie Hwy #950 9350 S Dixie Hwy #950 (Mailing Address) (Street Address of Principal Office) Miami, FL 33156 Miami, FL 33156 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 801 US Highway I Office Address: North Palm Beach 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.

(Registered agent's signature)

Joseph Panholzer, Special Secretary

/s/ Joseph Panholzer

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 | <u>':</u>    | Name and Address: |
|--------------------|--------------------------------|-------------------|--------------|-------------------|
| ■Manager           | Name: ES Florida II, LLC       | □Manager          | Name:        |                   |
| □Member            | Address: 9350 S Dixie Hwy #950 | □Member           | Address:     | <del></del>       |
| □Authorized        | Miami, FL 33156                | □Authorized       |              |                   |
| Person             |                                | Person            |              |                   |
| □Other             | Other                          | Other             |              | □Other            |
| □Manager           | Name:                          | □Manager          | Name:        |                   |
| □Member            | Address:                       | □Member           | Address:     |                   |
| □Authorized        |                                | □ Authorized      |              |                   |
| Person             |                                | Person            | <del>-</del> |                   |
| Other              | Other                          | Other             | <del></del>  | □Other            |
| □Manager           | Name:                          | □Manager          | Name:        |                   |
| □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.

| /s/ Joseph Panholzer               |   |
|------------------------------------|---|
| Signature of an authorized person  |   |
| Joseph Panholzer, Attorney-in-Fact |   |
| Typed or printed name of signee    | - |

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ES SURFSIDE PALM BEACH, 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-FIFTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ES SURFSIDE PALM BEACH, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2022.

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

Authentication: 204244953

Date: 08-25-22