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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

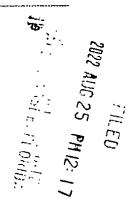
Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 Lakewood, LLC

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T. LEMIEUX

AUG 2 6 2022

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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 RECESTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ES Lakewood, LLC (Name of Foreign	Limited Liability Company, must include "Limited	d Liability Company	," "L.L.C.," or "LLC.")			
If name unavailable, enter alternate (name adopted for the purpose of transacting business in Fl	orida. The ulternate nam	ne must include "Limited Liah	ility Company," "L.L.(C," or "Lt	.C,"
Delaware		3.				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number	, if applicable)		
·						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration.) inc penalty liability)				
9350 S Dixie Hwy #95	50	9350 S 1	Dixie Hwy #950			
Street Address of Principal Office)		(Mai	ing Address)			
Miami, FL 33156		Miami, l	FL 33156			
				W	202	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable	e)	; ;	2024 AUG 25	
. (Varie and street address	s or Frontia registered agent. (1.0. 50x	14031 acceptant	<i>-</i> ,	() ()	25	ָר ר
Name:	Corporate Creations Network Inc.			(1)	PH !2:	C
Office Address:	801 US Highway 1			78.12 06.100	2: 17	
	North Palm Beach		33408 Florida			
	(Cny)	· · · · · · · · · · · · · · · · · · ·	(Zip code)			

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.

/s/ Joseph Panholzer	Joseph Panholzer, Special Secretary
	(Registered agent's signature)

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: ES Florida II, LLC	□Manager	Name:
□Member	Address: 9350 S Dixie Hwy #950	□Member	Address:
□Authorized	Miami, FL 33156	□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	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	



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

DELAWARE, DO HEREBY CERTIFY "ES LAKEWOOD, 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 LAKEWOOD, 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: 204244936

Date: 08-25-22