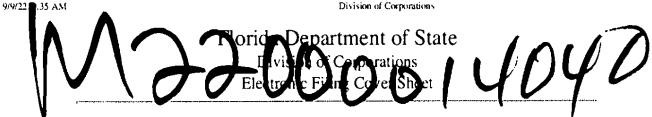
Division of Corporations



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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 Windermere, LLC

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

IN COMPLIANCE WITH SECTION (18,19912, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ES Windermern LLC

(Name of Foreign	Limited Liability Company, must include "Limite	xd Liability Compa	ny," "E.L.C.," or "LLC.")	
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The alternate	name must include "Limited Linbility Comp	pany," "L.L.C," or "LLC."
Delaware	hich foreign limited liability company is organized)	3	(FEI number, if applied	
(Jurisdiction under the law of w	hich foreign fimiled habitily company is organized)		(У 1.1) пилност, и агринов	1010)
·	(Date first transacted business in Florida, if prior to (See sections e05,0904 & 605,0905, F.S. to determ	registration) line penalty liability)		2072 S
treet Address of Principal Office)	_	6	Mailing Address)	
9350 S Dixie Hwy #95	0	9350	S Dixie Hwy #950	9 Pi
Miami, FL 33156		Miam	i, FL 33156	Pi 10: 15
. Name and street address	s of Florida registered agent: (P.O. Box	NOT accepta	ıble)	
Name:	Corporate Creations Network Inc.			
Office Address:	801 US Highway I			
	North Palm Beach		33408 , Florida	
	(City)	· · · · · · · · · · · · · · · · · · ·	(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:	Tide or Capacity	<u>r:</u>	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		2072
□Other	□Other	Other		Other 1
_				ف
□Manager	Name:	□Manager	Name:	PH lo:
□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.

	Signature of an authorized person	
Joseph Panholzer, A	ttomey-in-Fact	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ES WINDERMERE, 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 NINTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ES WINDERMERE, LLC" WAS FORMED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2022.

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

2022 - 9 PARCETO



Authentication: 204352842

Date: 09-09-22