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(((H24000327959 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEVADA CORPORATE HEADQUARTERS, INC

Account Number : 120240000024 Phone : (800)508-1726 Fax Number : (702)514-6187

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

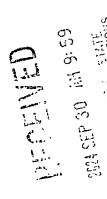
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### Foreign Limited Liability Company ESMASS MART, LLC

Certificate of Status	io common or construction de como d
Certified Copy	0
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#### COVER LETTER

BJECT: ESMASS MART, LLC	Signature and the Artist Commences			
	Name of Limited Liability Company			
enclosed "Application by Foreign Limited Liah stence, and check are submitted to register the a	sility Company for Authorization to Transact Business in Florida." Certifications bove referenced foreign limited liability company to transact business in Florida.			
ase return all correspondence concerning this ma	itter to the following:			
DTACHIBANA				
	Name of Person			
NCH Registered Agent				
	Firm/Company			
1450 VASSAR STREET				
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RENO, NV 89502				
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RENEWALS@NCHINC.COM				
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further information concerning this matter, plea	ise call:			
NCH Registered Agent	at ( 800 ) 508-1726			
Name of Contact Person	at ( S00 ) 508-1726  Area Code Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	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, PL 32303			

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

IN COMPLIANCE WITH SECTION (08.00), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of introsecting husiness in Flo		,	. ,	
NEVADA  Gursdection under the law of which foreign innered liability company is organized)		3.	(FFI number, dapp	(FFI mornier, d'applicable)	
	(Pate first transacted business in Florida (Oprior to re (See sections 608,000) & 605,000\$, US, to determin	igishation e penaity F	almity)		
5660 NW 115TH COU	JRT	6 _	5660 NW 115TH COURT (Vialing Address)		
APT 208		-	APT 208	49 <u>88</u> 0.044	
DORAL, FL 33178		<u> </u>	OORAL, FL 33178		
Name and <u>street addres</u> Name:	is of Florida registered agent: (P.O. Box NCH Registered Agent		•	2024 S.F 20	
Office Address:	390 North Orange Ave., Stc.2300-N		<del></del>	PH 7	
	Orlando (City)		, Florida 32801-1684	:15	
esignated in this applical comply with the provisi	•	register	red agent and agree to act in this	capacity, I furthe	

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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:	į	Name and Address:				
Manager	Name: PAULA ZAPATA	[]Manager	Name:					
□Member	Address: 5660 NW H5TH COURT	□Member	Address:					
□Authorized	APT 208	□ Authorized						
Person	DORAL, FL 33178	Person						
□Other		□Other		□Other				
□Manager	Name:	□Manager	Name:					
□Member	Address:	□Member	Address:					
[]Authorized		<b>MAuthorized</b>						
Person		Person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Other		[]Other	<del></del>	ClOther				
F3.4	No	F344	Niver					
□ Manager	Name:	□Manager						
∐Member	Address:	[]Member	Address:					
□Authorized		□Authorized						
Person		Person						
Other		□Other		[]Other				
	ise an attachment to report more than six (6). The may be added to the index when filing your Flor							
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

Typed or pented name of signee

Paula Zapata

PAULA ZAPATA

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# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **ESMASS MART, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 07/30/2024, and in good standing in this State.



Certificate Number: B202409264995402

You may verify this certificate

online at https://www.nysilverflume.gov/home

IN WITNESS WHEREOF. I have hereunto set my hand and affixed the Great Seal of this State, at my office on 09/26/2024.

FRANCISCO V. AGUILAR Secretary of State