# F24000003141

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Fifing Officer:						

Office Use Only



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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

#### **COVER LETTER**

TO:	Registration: Division of C	Section opporations							
SUBJ	ECT:	ESSE	HOMES	MANA	19E1	MENT	BRP.		
			Name of corpo	ration - must incl	ude suffix				
Dear S	ir or Madam;								
"Certif	neate of Existe	nce," or "Cer	tificate of Good	n for Authorization   Standing" and clusiness in Florida	heck are su	sact Business in abmitted to reg	a Florida," ister the		
Please	return all corre	espondence c	oncerning this n	natter to the follo-	wing.				
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	San	idramp	xrsa@	gmail	· C 27	$\gamma$			
		E-mail's	iddress: (to be u	sed for future and	nual report	notification)			
For fu	ther information	on concerning	this matter, ple	ase call:					
Eari	e St. Hil	lavie	at (91)	7 696 Code Day	, 839	98			
	Name of Per	son	Area	Code Day	time Telep	phone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				Re Di P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Please i	ed is a check fo nake check paya .00 Filing Fee	ble io; FLORI □ \$78.7:	ig amount: DA DEPARTM. 5 Filing Fee & icate of Status	ENT OF STATE  \$78.75 Filit  Centified C		□ \$87.50   Certifie Certifie	ate of Status &		

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH NECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. LESSE Hones Manager Ment Or Parameter of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Gorp.," (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. New Jersey (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) - Q Woodcott DWVE (Principal office street address) Hambury (Current mailing address, if different) 8 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

4. Registered agent's acceptance:

Office Address:

7901 4TH ST N STE 300

(City)

ST. PETERSBURG

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

DIRECTORS			
Chairman	Name: Earie St. Hilarie	□Chainnan	Name:
	Address: 9 Woodcott Drive	□Vice Chairman	
Director	Hamburg MI 074191	Director	71001613.
President		□President	-
/		□Vice President	
C Secretary	☐ Freasurer	□ Secretary	⊕Treasurer
Cother		Other	
II Chairman	Name:	□Chaiπnan	Name:
	Address:	DVice Cliiii	Assat Sat
□Director		□Director	
□President		□President	
□Vice President		□Vice President	· · · · · · · · · · · · · · · · · · ·
☐ Secretary	Treasurer	☐ Secretary	[]Treasurer
Z Other	Other	Other	□ Other
⊒Спастал	Name:	□Chairman	Name:
□Vice Chairman	Address:		Address:
Director	<u> </u>	□Director	
□ President		□President	
□ Vice President		□Vice President	
I Secretary	⊖Treasurer	□ Secretary	□ Freasurer
I Other	□Other	Other	□Other
12. The officer or direct	se an attachment to report more than six (6). The attachment add to the index when filing your Florida Department Signature of Director or Coasing this document tand who is listed in number 1	of State Annual Rep Officer	out form.
\$317.15f, F.S.	se information submitted in a document to the Departme		
· · · · · · · · · · · · · · · · · · ·	(Typed or printed name and capacity of person:	signing application)	

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## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH CHARTER DOCUMENTS

#### ESSE HOMES MANAGEMENT CORP. 0451092650

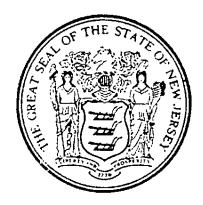
I. the Treasurer of the State of New Jersev, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 28, 2024.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

SANDRA RAMPERSAUD 9 WOODCOTT DRIVE HAMBURG, NJ 07419

I further certify that as of the date of this certificate, no amendments have been filed.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of May, 2024

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6153709168

Verify this certificate online at

https://www.l.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

### STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

#### ESSE HOMES MANAGEMENT CORP.

0451092650

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 28, 2024.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

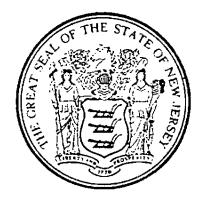
I further certify that the registered agent and office are:

SANDRA RAMPERSAUD 9 WOODCOTT DRIVE HAMBURG, NJ 07419

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business.

OTHER

EARIE ST HILARIE 9 WOODCOTT DRIVE HAMBURG, NJ 07419



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of May, 2024

deport Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6153709030

Verify this certificate online at

https://www.f.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp