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K.SALY EXAMINER OCT 16 2015 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	12000000019	٥
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REFERENCE : 821427 7821525

AUTHORIZATION: Spelle Blend

COST LIMIT : \$\(\frac{1}{25}\)\(\frac{1}{00}\)

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ORDER DATE: October 6, 2015

ORDER TIME : 3:54 PM

ORDER NO. : 821427-010

CUSTOMER NO: 7821525

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: EP LOX, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

## 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 FLORIDA:

EP LOX, LLC			
(Name of Fore	ign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "I	LC.")
(If name unavailable, enter at Liability Company,""L.L.C,		sacting business in Florida. The alternate name	must include "Limited
DELAWARE		47-5287166	
	of which foreign limited liability	(FEI number, if applicable)	
4			
	(Date first transacted business in Flo (See sections 605 0904 & 605.0905, F.	S. to determine penalty liability)	
5. 2875 NE 191st Street,	Suite 800		
Aventura, Florida 3318			20
6. 2875 NE 191st Street, S	(Street Address of Principal Suite 800	Office)	2015 OCT 15 SECRETARY SECRETARY
Aventura, Florida 3318			
<del> </del>	(Mailing Address)	, ,	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	A 8: 53
Name:	Juan DeAngulo	A SAME AND MADE AND THE SAME AN	
Office Address:	2875 NE 191st Street, Suite 800		E 2
	Aventura	, Florida 33180	
Registered agent's accept	(City)	(Zip code)	
Having been named as re designated in this applica to complywith the provision	gistered agent and to accept scrvice of p tion, I hereby accept the appointment as	process for the above stated limited liabilit is registered agent and agree to act in this and complete performance of my duties, i	capacity. I further agree
	(Registered ager	nt's signature)	
8. The name, title or capa	icity and address of the person(s) who ha	s/have authority to manage is/are:	
Juan DeAngulo, Authoriza	ed Representative		
Rod Sheldon, Authorized	Representative		
Address for both: 2	875 NE 191ST STREET, SUITE	E 800, AVENTURA, FL 33180	
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is a graph and (If the certificate abmitted)	duly authenticated by the official having cue is in a foreign language, a translation of t	astody of records in the the certificate under oath
	Signature of an au	thorized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) the Department of State constitutes a thi	(b), Florida Statutes. I am aware that any fird degree felony as provided for in s.817.1	false information 155, F.S.
	Juan DcAngulo		
	Typed or printed as	ame of signee	

**Delaware** 

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "EP LOX, 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 SEVENTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EP LOX, LLC" WAS FORMED ON THE SIXTH DAY OF OCTOBER, A.D. 2015.

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

2015 OCT 15 AM 8: 52
SEURETHAY OF STATE



Authentication: 10200567

Date: 10-07-15

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