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(Re	equestor's Name)		
(Ac	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Do	ocument Number)		
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COVER LETTER

	New Filing Section Division of Corporations	
SUBJE	ECT: EPIC UNLIMITED Inc.	
	Name of corporation - must in	clude suffix
Dear Sir	r or Madam:	
"Certific	losed "Application by Foreign Corporation for Authoriza cate of Existence," or "Certificate of Good Standing" and eferenced foreign corporation to transact business in Flori	check are submitted to register the
Please re	eturn all correspondence concerning this matter to the fol	lowing:
SuzAr	nne Majors	
,	Name of Person	
Epic I	Unlimited Inc.	
	Firm/Company	
4002	2 Hwy 78 Suite 530-319	
	Address	
Snellv	ville, GA 30039	
	City/State and Zip coo	le
sc8816	6@hotmail.com	
	E-mail address: (to be used for future	annual report notification)
For furth	her information concerning this matter, please call:	
SuzAr	nne Majors at (770) 330-	5724
	Name of Person Area Code & D	aytime Telephone Number
N I C 2	Division of Corporations Clifton Building	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed	d is a check for the following amount:	
✓ \$70.	0.00 Filing Fee \$\ \text{Certificate of Status} \ \ \text{S78.75 Filing Fee & Certified} \text{Certified}	Tiling Fee & \$\ \text{S87.50 Filing Fee,} \\ \text{Certificate of Status & Certified Copy}

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of o	LIMITED Inc. corporation; must include "INCORPORATE Corp.," "Inc.," "Co.," or "Corp.")	ED," "COMPANY," "CORPORATION,"
Epic Inc.		
(If name unavai	able in Florida, enter alternate corporate nan	me adopted for the purpose of transacting business in Florida
2. Georgia		3. 45-4936236
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. 03-23-2012		5. perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"
6		
	(Date first transacted business	s in Florida, if prior to registration) '.1502, F.S., to determine penalty liability)
~ 7862 W Id	o Bronson Hwy Kissimmee,	• • •
7. 7002 VV. III	(Principal office a	
1364 Rain	tree Ben Apt. 105 Clermon	,
	(Current mailing ac	
	of corporation authorized in home state or taddress of Florida registered agent: (PEric Clemons	country to be carried out in state of Florida) 2.O. Box NOT acceptable)
Office Address:	7862 W. Irlo Bronson Hwy	MREJAR AHASS
	Kissimmee,	, Florida 34714 (Zip code) SEF STATE PH 12: 19
	(City)	(Zip code)
10. Registered ag	ent's acceptance:	JATE 179
Having been name designated in this f further agree to co	ed as registered agent and to accept serv application, I hereby accept the appoint	vice of process for the above stated corporation at the part as registered agent and agree to act in this capal relative to the proper and complete performance of majorition as registered agent.
	(Registered agent's signature	/ ,

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Charles Majors 12 JUL -2 Philorope
Address: 3571 Spring Creek Circle Snellville, GA 30039 SEURETARY OF STATE ALLAHASSEE, FLORIDA
Snellville, GA 30039
Vice Chairman:
Address:
Director: SuzAnne Majors
Address: 3571 Spring Creek Circle
Snellville, GA 30039
Director:
Address:
B. OFFICERS
President: Charles Majors
Address: 3571 Spring Creek Circle
Snellville, GA 30039
Vice President:
Address:
Secretary: SuzAnne Majors
Address: 3571 Spring Creek Circle Snellville, GA 30039
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Signature of Director or Officer
Signature of Director or Officer The SS and in this description of the SS and the SS an
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.
14 SuzAnne Maiors

Control No. 12026588

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

EPIC UNLIMITED INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 03/23/2012 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 29th day of June, 2012

B: P.h-

Brian P. Kemp Secretary of State

Certification Number: 9183682-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp