

LD 5000056631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

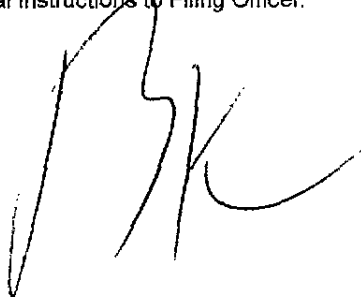
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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06/09/09--01(01)--012 **185.00

FILED
05 JUN -8 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 11 2009
11:31 AM '09

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
05 JUN -8 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH
DATE: 06/08/2005
REF. #: 000150.38907
CORP. NAME: EPIC RED RESIDENTIAL, LLC

- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
- ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
- FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
- REINSTATEMENT MERGER WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER:

STATE FEES PREPAID WITH CHECK# 512884 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

EPIC RED RESIDENTIAL, LLC

The undersigned hereby forms a limited liability company pursuant to Chapter 608, Florida Statutes.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the limited liability company is Epic Red Residential, LLC.

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is c/o Jack Levine, P.A., Venture Centre, 16855 Northeast 2nd Avenue, Suite 303, North Miami Beach, Florida 33162 and the mailing address of the limited liability company is c/o Jack Levine, P.A., Venture Centre, 16855 Northeast 2nd Avenue, Suite 303, North Miami Beach, Florida 33162.

ARTICLE III - MANAGEMENT

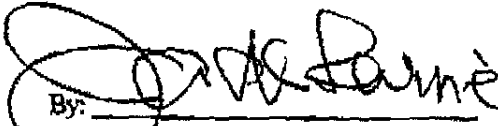
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE IV - REGISTERED AGENT,
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE


The name and the Florida street address of the registered agent are:

Jack Levine, P.A.
Venture Centre
16855 Northeast 2nd Avenue, Suite 303
North Miami Beach, Florida 33162

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


By: _____
It's Agent: Jack Levine

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts herein are true.)


By: _____
It's Agent, Jack Levine
Authorized Representative of a Member