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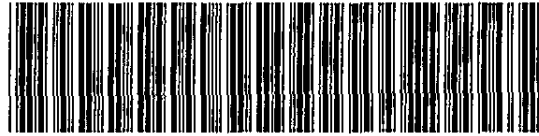
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05 JUN -8 AM 7:42
SECRETARY OF STATE
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CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, BOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 06/08/2005

REF. #: 000150.38907

CORP. NAME: EPIC RED MGMT, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 512883 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

EPIC RED MGMT, 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 Mgmt, LLC.

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is o/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 o/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