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O5 JUN 13 PM 1:50 SECTION OF THE STATE

TRANSMITTAL LETTER

TO:

Registration Section

Division o	of Cor	porations							
SUBJECT:		EPSILON	GRO	UP LLC					
		(Name of Limite	d Liab	oility Compar	1y)				٠
The enclosed Artic	les of	Organization and fee(s) are s	ubmitt	ted for filing.					
Please return all co	rrespo	ondence concerning this matte	er to th	e following:					
A				ANGULO	_				
		(1	Vame o	of Person)					
<u></u>				ROUP LLC	;				
		(Firm/C	Company)			_		
		2918 N	W 10	8 AVENUE					
			(Add	dress)			,		
		MI	AMI, I	FL 33172			SECRE	05 JUN 13 PM 1:50	_
****				ınd Zip Code)			IASSEE.	-3	Ī
For further informa	ition c	oncerning this matter, please	call:				F. F.	PM	[
								•••	
		ANGULO	_at (305		9-8084		00	
1)	Name i	of Person)		(Area Code	& Daytime To	elephone Number)			
Enclosed is a chee	ck fo	the following amount:							
☐ \$125.00 Filing l	Fee	⊘ \$130.00 Filing Fee & Certificate of Status	Cer	\$155.00 Fill tified Copy itional copy is	•	S160.00 Fi Certificate of Certified Cop (additional copy	Status & Y		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399			R D P	IAILING A egistration S vivision of Co O. Box 632' allahassee, F	ection Orporations				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	ed Liability Company i	is:						
EPSILON GROUP LLC								
ARTICLE II - Addres The mailing address an		principal office of the Limited Li	ability Company is:					
Principal Office Addr	ess:	Mailing Address:						
2918 NW 108 AVENUE MIAMI, FL 33172		2918 NW 108 AVENUE						
ARTICLE III - Regist	tered Agent, Register	red Office, & Registered Agent's	s Signature:					
The name and the Flori	da street address of the	e registered agent are:						
	GLORIA A	NGULO	SEC FALL					
 -	Nan	ne						
	2918 NW 10	8 AVENUE	ASSI 13					
	Florida street a	address (P.O. Box NOT acceptable)	PH PH EE, F					
	MIAMI, FL 33							
	City, State	e, and Zip	I: 50 JAIÈ FLORID					
liability company at registered agent and ag statutes relating to th	t the place designated it gree to act in this capac e proper and complete	to accept service of process for the n this certificate, I hereby accept th city. I further agree to comply with performance of my duties, and I an egistered agent as provided for in C	he appointment as In the provisions of all In familiar with and					
	MA AG	Mor's Signature						

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	, ,
"MGRM" = Managing Member	
GLORIA ANGULO	
3331111113323	MANAGING MEMBER
	2918 NW 108 AVE, MIAMI, FL 33172
RICHARD BURTON	
	MANAGING MEMBER
	2918 NW 108 AVE, MIAMI, FL 33172
GEORGE PHILIPPIDIS	
	MANAGING MEMBER
	2918 NW 108 AVE, MIAMI, FL 33172
RAJIV SRIVASTAVA	
	MANAGING MEMBER
•	2918 NW 108 AVE, MIAMI, FL 33172

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(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 stated herein are true.)

ANGULO
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)