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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECKETARY OF STATE

B. BOSTICK
DEC 1 0 2010
EXAMINER

COVER LETTER

| Division of Co | | | | |
|--------------------------|---|---|---|------------|
| SUBJECT: EPGF | RO, LLC | | | |
| SUBJECT: | | ed Liability Company | | |
| The enclosed Articles of | of Organization and fee(s) are | submitted for filing. | | |
| Please return all corres | pondence concerning this mat | ter to the following: | | |
| Fred Bey | /er | | | |
| | | Name of Person | | |
| | | Firm/Company | | |
| 444 B40v | fair Duivo | Print/Company | | |
| 411 May | iair Drive | Address | | |
| Venice, FI. | . 34293 | | | |
| | Cit | y/State and Zip Code | 10 I | |
| - FBEYER@ | PRODIGY.NET E-mail address: (to be used to | for future annual report notification) | DEC - | Ť |
| For further information | concerning this matter, please | e call: | -9 / |) |
| Fred Beyer | | at (941) 497-4057 Area Code & Daytime Telep | hone Number RI 5 | (" |
| Name | of Person | Area Code & Daytime Telep | hone Number RDF 8 | |
| Enclosed is a check f | or the following amount: | | | |
| \$125.00 Filing Fee [| \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C | irele | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Co. | mpany is: | | | |
|--|--|------------------|-----------|-----------|
| EPGRO, LLC | | | | |
| (Must end with the words "L | imited Liability Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street addres | s of the principal office of the Limited Li | iability Cor | npany | y is: |
| Principal Office Address: | Mailing Address: | | | |
| 366 Tamiami Trail Unit 5 Port Charlotte, Florida 33953 | | | | |
| | Registered Office, & Registered Agent's ts own Registered Agent. You must designate an indiv | | | |
| The name and the Florida street addre | ess of the registered agent are: | SEC ALL | 10 [| |
| Fred Beyer | | AH. AH. | DEC | 11 |
| | Name | ASSE | 9 | 1 |
| 411 Mayfai | r Drive | m⊆ | <u> </u> | П |
| Florie | da street address (P.O. Box NOT acceptable) | FLC | = | |
| Venice | _{FL} 34293 | STATE FLORIDA | MH II: 58 | |
| | City, State, and Zip | Ä | ` | |
| • | | | | |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

| Title: "MGR" = Manager | Name and Address: |
|-----------------------------------|--|
| "MGRM" = Managing Member | er |
| MGRM | Erin Catron |
| WGRW | 2522 Magdalina |
| | Punta Gorda, Fl. 33950 |
| | - unta corda, i i. oosoo |
| MGRM | Roberta Smith |
| | 15576 Melport Circle |
| · | Port Charlotte, Florida 33981 |
| | rm o |
| | DEC |
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| | 9 <u>5</u> 5 |
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| (Use attachment if necessary) | |
| | |
| CLE V: Effective date, if other t | han the date of filing: (OPTIONA |
| | must be specific and cannot be more than five business day |
| 0 days after the date of filing.) | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| | |
| 2.08- | > |
| | |
| Signature of | member or an authorized representative of a member |
| _ | member or an authorized representative of a member. |

I am aware that any 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.)

Fred Beyer

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)