# L12000075609

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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2012

MIGUEL VELAZCO 10885 NW 89TH UNIT 213 MIAMI, FL 33178

SUBJECT: EPICT 13 LLC Ref. Number: W12000011460

We have received your document for EPICT 13 LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, Ltd. Liability Co., and L.L.C. are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 212A00008070

to: Registration Section.
Division of Corporations.

At. Pamela Smith.

MECEIVED

12 APR 17 PM 2: 02

ALIGICAL OF CONTURNATION

Good afternoon, I send. New. anticles of. EPICT 13.11c. for you registration. the tees. were Paid. Please. send to me., the Msistration domment. Thanks.

Breuda L. Tadlock, Registrations. Section. Personal and confidential. Division Conporations. Pobox. 63 27. Tallanassee. 32314.FL.

## Ns. Brenda TadloceL

I send. the articles and Fees. of the.

EpicT13 LLC. 78.75

'unaph-18 LLC 51.25

Haux's for your. Interest.

mesult Velona.

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: EPIC	T 13 LLC		
	Name of Limit	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
MIGUEL	VELAZCO	Name of Person	
RAMAN	G 14 LLC	raine of Ferson	
<del></del>		Firm/Company	
10870 N	W 88 Th BUILDIN	IG 7 UNIT 214	
<del> </del>		Address	
MIAMI FL	33178		
		ty/State and Zip Code	
mlorenzo4	9@hotmail.com	for future annual report notification)	
For further information	n concerning this matter, pleas	·	
MIGUEL VELA	zco	at ( 786 ) 401 6937	
Name	e of Person	Area Code & Daytime Telephone Number	
Enclosed is a check t	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	us &
	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 Circle Tallahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE L. Name	TICLE I - Name	ρ.
-----------------	----------------	----

MIAMI FL 33178

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

EPICT 13 LLC		£,7			
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")		₹ F F F F F F F F F F F F F F F F F F F	S	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited	Liability	SSE OF	ar <b>ge</b> is:	LE
Principal Office Address:	Mailing Address:		STATE	3: 00	U
10885 NW 89 Terr BUILDING 6 UNIT 213	10885 NW 89 Terr BUILD	ING 6 UN			

MIAMI FL 33178

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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

MIGUEL	_ VELAZCO
·	Name
10885	NW 89 Terr No 6-213
	Florida street address (P.O. Box NOT acceptable)
MIAMI	<sub>FL</sub> 33178
	City, State, and Zip

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	
MGR	LAURA NESI
	10885 NW 89 Terr building 6 unit 213
	MIAMI FL 33178
MGRM	MIGUEL VELAZCO
	10885 NW Terr building 6 unit 213
	MIAMI FL 33178
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	date of filing: (OPTIC specific and cannot be more than five business
DEGLUDED SIGNATUDE.	

<u>REQUIRED</u> 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. 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.)

#### MIGUEL VELAZCO

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)