L1400032082

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
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T. BROWN

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE	CCT: EPIC IMAGES LLC	Name of Limited Lie	ability Company	
	closed Articles of Organization		· ·	
Please	return all correspondence conce STERLING JONES	_		
		Namo	of Person	
	EPIC IMAGES LLC	Limo	/Company	
		r irii.	Company	
	4412 WINDERGATE CT	•		
		Α	ddress	
	JACKSONVILLE, FL 322			
		City/State	and Zip Code	
JC	NESFAM5.SJ@GMAIL.COM E-mail address	A: (to be used for fut	are annual report notific	ation)
For furt	her information concerning this		·	
STERI	ING JONES	at (904) 866-3342	
	Name of Person	Area (Code Daytime Te	elephone Number
Enclose	ed is a check for the following a	nount:		
☑ \$125.0	O Filing Fee S130.00 Fili Certificate of	of Status Cer	55.00 Filing Fee & tified Copy ional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY	,
ARTICLE I - Name: The name of the Limited Liability Company is:		ASSESSED TO
EPIC IMAGES LLC		
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:	.51
Principal Office Address:	Mailing Address:	,
4412 WINDERGATE CT JACKSONVILLE, FL 32257	4412 WINDERGATE CT JACKSONVILLE, FL 32257	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registrate.)	vn Registered Agent. You must designate an i	ndividual or
The name and the Florida street address of the register	red agent are:	

Name

4412 WINDERGATE CT
Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE
FL 32257
City
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 605, F.S..

Registered Agent's Signatur (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized 'MGR" = Manager	Member
MGR	STERLING JONES
	4412 WINDERGATE CT
	JACKSONVILLE, FL 32257
MGR	DARRYL GREEN
	3139 ERNEST ST
	JACKSONVILLE, FL32205
MGR	PETE DERINGTON
	1718 DIBBLE CIR E
	JACKSONVILLE, FL 32246
	A17771 A217 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CV: Effective date, if of citive date is listed, the	sary) her than the date of filing:
EV: Effective date, if of ctive date is listed, the filing.)	her than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or 9
EV: Effective date, if of ctive date is listed, the f filing.) EVI: Other provisions, i	her than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or 9 fany.
REQUIRED SIGNATI (In accordance constitutes an I am aware the	her than the date of filing: (OPTIONAL.) date must be specific and cannot be more than five business days prior to or 9 any.
E V: Effective date, if of petive date is listed, the of filing.) E VI: Other provisions, if the provisions is the period of th	her than the date of filing:

Page 2 of 2