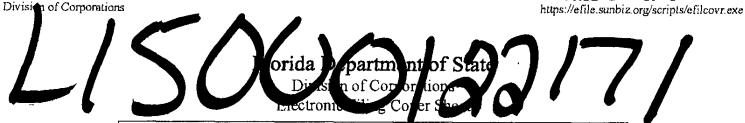
07/21/2015 3:54:20 PM -0400 POWERED BY ORCAFAX

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(((H15000177210 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone

Fax Number

: (516) 935-3940 : (800)293-4075

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: dwhite3081@gmail.com

FLORIDA LIMITED LIABILITY CO.

Epic Vision Entertainment LLC

Certificate of Status	1
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S. GILBERT

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H15000177210

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	Epic Vision Ente	rtainment LLC	
(1	Must end with the words "Limi	ed Liability Company, "L.L.C.," or	"LLC" 5
ARTICLE II - Addre	16;		
The mailing address an	d street address of the princips	l office of the Limited Liability Cor	mpany is:
Principal Office Addr	ess: M	iling Address:	
5400 NW 2nd Pl.		5400 NW 2nd Pl.	
~ "· · · · · · · · · · · · · · · · · · ·			
ARTICLE III - Regis	tered Agent, Registered Offic	Gainesville, FL 32607 c, & Registered Agent's Signatur vn Registered Agent. You must des	
ARTICLE III - Regis The Limited Liability mother business entity	tered Agent, Registered Offic	e, & Registered Agent's Signatur vn Registered Agent. You must des tion.)	e: 28
ARTICLE III - Regis The Limited Liability mother business entity	tered Agent, Registered Offic Company cannot serve as its o with an active Florida registra	e, & Registered Agent's Signatur vn Registered Agent. You must des tion.)	e: 28
ARTICLE III - Regis The Limited Liability nother business entity	tered Agent, Registered Offic Company cannot serve as its of with an active Florida registration of the register	e, & Registered Agent's Signatur vn Registered Agent. You must des tion.) red agent are:	e: 28
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(The Limited Liability another business entity	tered Agent, Registered Offic Company cannot serve as its or with an active Florida registra ida street address of the registe Newton Turenne Na 7654 SW 79th Dr.	e, & Registered Agent's Signatur wn Registered Agent. You must des tion.) red agent are:	e: 28

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 Signature (REQUIRED)

Newton Turenne

(CONTINUED)

Page 1 of 2

H15000177210

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	David White
AIVIBR	5400 NW 2nd Pl.
	Gainesville, FL 32607
AMBR	Newton Turenne
	7654 SW 79th Dr.
	7654 SW 79th Dr. Gainesville, FL 32608
•	data of Stimm
	date of filing:
E V: Effective date, if other than the exctive date is listed, the date must be of filing.)	
E V: Effective date, if other than the extive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmatic I am aware that any fals	e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the extive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmatic I am aware that any fals	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. ie information submitted in a document to the Department of State

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