

L16000117834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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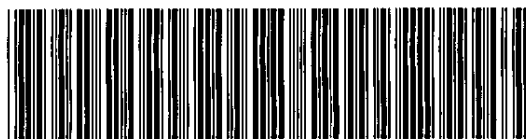
(Business Entity Name)

(Document Number)

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3458 Lakeshore Drive
Tallahassee, Florida 32312

(850) 656-4724

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Date: 6-22-16

ENTITY NAME:

EPIC 54 LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

X

Plain Copy

Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE'/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 125⁰⁰

CHECK NUMBER: 2612

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

FILED
16 JUN 22 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

EPIC 54 LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

226 E 54TH STREET UNIT 304

NEW YORK, NEW YORK 10022

ARTICLE III REGISTERED AGENT

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

ALEXANDER NICHOLAS

6000 COLLINS AVENUE UNIT 134

MIAMI BEACH, FLORIDA 33140

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.

X 

ALEXANDER NICHOLAS / Registered Agent's signature

PAGE 2 EPIC 54 LLC

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

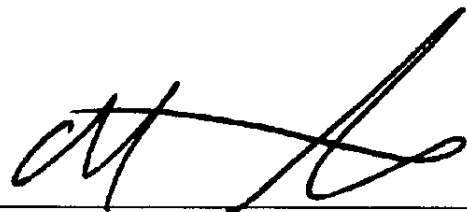
AUTHORIZED MEMBER

ALEXANDER NICHOLAS

6000 COLLINS AVENUE UNIT 134

MIAMI BEACH, FLORIDA 33140

16 JUN 22 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X 

ALEXANDER NICHOLAS / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), 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.)