

L16000117837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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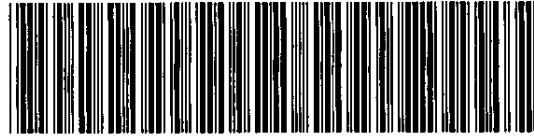
(Business Entity Name)

(Document Number)

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**SUNSHINE** CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 6-22-16

ENTITY NAME:

EPIC 38 LLC

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

☒

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**\*\*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: 125<sup>00</sup>

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**

16 JUN 22 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

EPIC 38 LLC

**ARTICLE II      ADDRESS**

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

38 W 38TH STREET FL 5

NEW YORK, NEW YORK 10018

**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 38 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 8:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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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.)*