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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to I	Hilling Oπicer:	
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Office Use Only



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C. GOLDEN JAN 3 1 2017

COVER LETTER

TO: Registration Section

D	ivision of Corporations		
	EPC B-PJV Managing Member, LL	.C	
SUBJECT		imited Liability Company	
The enclos	sed Articles of Organization and fee(s) a	are submitted for filing.	
Please retu	urn all correspondence concerning this r	natter to the following:	
		N 65	
		Name of Person	
	INCORPORATING SERVICES, LT	D	
		Firm/Company	
		Address	
	TALL ALLAGOED DI 20201	/ tual 600	
	TALLAHASSEE, FL 32301	C': /C 1.7' . C I	
	gerardo.mahuad@epcinvest.com	City/State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	
For further	information concerning this matter, plea	ase call:	
	MELISSA at (656-7956	
	Name of Person	Area Code Daytime Telephone Number	er
Enclosed	is a check for the following amount:		
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, tificate of Status & ified Copy ional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	2017 JAN 30 AN 80 M

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			2017 JAN 30 AM 8: 1	
The name of the Limited Liability Company is:				SECTION
EPC B-PJV Managing	Member, LLC			TALLALITY FOR A LOW
(Must end w	ith the words "Limite	d Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal o	office of the Limited	Liability Company is	:
<u>Principa</u>	Office Address:		Mailing A	<u>ddress</u> :
2600 S. Douglas Road		2600	2600 S. Douglas Road, Suite 1101	
Miami, Florida 33134	<u> </u>	Mian	ai, Florida 33134	
another business entity with an ac	MRAI Services, Inc. 1200 South Pine Isl	d agent are:	centable)	-
	Plantation.	Florida	33324	
	City	State	Zip	•
Having been named as registered ag place designaled in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the app visions of all statutes r gutions of my position By: AMM	ointment as registere elating to the proper t	d agent and agree to and complete perform s provided for in Cha,	act in this capacity. I nance of my duties, and I

(CONTINUED)

Page 1 of 2

Title:	thorized Member	Name and Address:		
"MGR" = Man				
Manager	мвет	Gerardo Mahuad		
		2600 S. Douglas Road, Suite 1101		
		Miami, Florida 33134		
				
				
			 .	
TICLE V: Effective	date, if other than the date of	filing:, (OPTION	IAL)	dave
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