L17000 148870

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



100300577301

07/12/17--01015--001 **125.00

17 JUL 12 PH 8: 00

M. Moon

COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	EPAKEN LLC
30201	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	JOHN P. CULLEM
	Name of Person
	JOHN P. CULLEM, ESQ.
	Firm/Company
	852 2ND AVE. N.
	Address
	ST. PETERSBURG, FL 33701
	City/State and Zip Code john.cullem@attysecure.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	John P. Cullem, Esq. 727 894-1200 at ()
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
]\$ 125.0	O Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EPAKEN LLC				
(Must co	ontain the words "Limited Liab	ility Company, "L.L	C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal office	of the Limited Liab	oility Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Address:	
401 E. 1st St. #18	68-0055	401 E. 1	st St. #1868-0055	ينه:
C				
The Limited Liability Compa	Agent, Registered Office, & R	egistered Agent's !	FL 32772-7502 Signature: must designate an individual or	17 JUL 12 F
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, & Rany cannot serve as its own Regun active Florida registration.) set address of the registered age	egistered Agent's Sistered Agent. You	Signature:	17 JUL 12 FM 8: 00
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, & Rany cannot serve as its own Regun active Florida registration.) set address of the registered age	egistered Agent's Sistered Agent. You	Signature:	17 JUL 12 FM 8: 00
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, & Rany cannot serve as its own Regun active Florida registration.) set address of the registered age	egistered Agent's Sistered Agent. You nt are:	Signature:	
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, & Rany cannot serve as its own Regun active Florida registration.) set address of the registered age John P. Cullem, Esq.	egistered Agent's Sistered Agent. You nt are:	Signature: must designate an individual or	
ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, & Rany cannot serve as its own Regun active Florida registration.) eet address of the registered age John P. Cullem, Esq. Na 856 2nd Ave. N.	egistered Agent's Sistered Agent. You nt are:	Signature: must designate an individual or	

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)

(CONTINUED)

"AMBR" = Authorized Mer	Name and Address:
"MGR" = Manager	
MGR	ONE FAMILY DIRECTION LLC
	1942 BROADWAY ST., STE. 314C
	BOULDER, CO 80302
(Use attachment if necessary	}
of filing.)	han the date of filing: $07/12/2.017$. (OPTIONAL) must be specific and cannot be more than five business days prior to or 90
of filing.) Tthe date inserted in this bloc	han the date of filing: 07/12/2017 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 k does not meet the applicable statutory filing requirements, this date will not Department of State's records.
of filing.) The date inserted in this bloc ment's effective date on the	k does not meet the applicable statutory filing requirements, this date will not Department of State's records.
of filing.) The date inserted in this block ment's effective date on the law. E VI: Other provisions, if any	k does not meet the applicable statutory filing requirements, this date will not Department of State's records.
of filing.) The date inserted in this blockment's effective date on the LE VI: Other provisions, if any REQUIRED SIGNATURE Signa	k does not meet the applicable statutory filing requirements, this date will not Department of State's records.
the date inserted in this block ment's effective date on the let vi: Other provisions, if any REQUIRED SIGNATURE Signa	k does not meet the applicable statutory filing requirements, this date will not Department of State's records.
the date inserted in this block nent's effective date on the let o	k does not meet the applicable statutory filing requirements, this date will not Department of State's records. Leave of a member or an authorized representative of a member. Ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
the date inserted in this block nent's effective date on the let the l	k does not meet the applicable statutory filing requirements, this date will not Department of State's records. Are of a member or an authorized representative of a member. Ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes. that any false information submitted in a document to the Department of State
the date inserted in this block ment's effective date on the let vi: Other provisions, if any recourse Signa This document am aware to the date in this block ment's effective date on the let vi. Signa This document am aware to the date in this document and severe the date in this document are severe to the date in this document are severe to the date in this document are severe to the date in this block ment's effective date on the let vi. The date in this block ment's effective date on the let vi. The date in this block ment's effective date on the let vi. The date in this block ment's effective date on the let vi. The date in this block ment's effective date on the let vi. The date on the let vi. The date of the le	k does not meet the applicable statutory filing requirements, this date will not Department of State's records. Leave of a member or an authorized representative of a member. Ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
the date inserted in this block ment's effective date on the level. Other provisions, if any second	Are of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes. that any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S. P. Cullem, Esq.
the date inserted in this block ment's effective date on the level. Other provisions, if any second	k does not meet the applicable statutory filing requirements, this date will not Department of State's records. Lare of a member or an authorized representative of a member. Lent is executed in accordance with section 605.0203 (1) (b), Florida Statutes. That any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.
the date inserted in this block ment's effective date on the let vi. Other provisions, if any recommendation of the let vi. Other provisions, if any recommendation of the let vi. Signaths document and aware the constitutes a	Are of a member or an authorized representative of a member. ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes. that any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S. P. Cullem, Esq.

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)