

## Division of Corporations Electronic Filing Cover Sheet

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(((H240000749143)))



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Division of Corporations

Fax Number : (850)617-6381

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Account Name : PRIME CORPORATE FILING SERVICES LLC

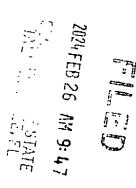
Account Number : I20230000092 Phone : (786)356-1156 Fax Number : (305)564-6768

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

Email Address: NFO@PRIMETILING.COM

# FLORIDA LIMITED LIABILITY CO. EPICAR LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	F	i - i	Nα	me:

The name of the Limited Liability Company is:

**EPICAR LLC** 

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

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

### Principal Office Address:

Malling Address:

255 E FLAGLER ST. SUITE 94

MIAMI, FL 33131

255 E FLAGLER ST. SUITE 94

MIAMI, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DOWNTOWN ACCOUNTING MIAMI

Name

255 E FLAGLER ST. SUITE 101

Florida street address (P.O. Box NOT acceptable)

MIAMI,

Fί

33131

City

State

Zip

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)

(((H24000074914 3)))

The name and address of each person authorized to manage and control the Limited Liability Compar	ARTICLE IV-
	The name and address of each person authorized to manage and control the Limited Liability Company

Title:	Name and Address:
"AMBR" - A	uthorized Member
"MGR" = Ma	nager
AMDO	Ronald Alfonso Ordonez
AMBR.	255 E FLAGLER ST. SUITE 94
	MIAMI FI 33131
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	P-71-74
(I lse attachme	ent if necessary)
(Ose attacione	in in necessary)
ARTICLE V. Refeative	e date, if other than the date of filing: (OPTIONAL)
II effective detective	listed, the date must be specific and cannot be more than five business days prior to or 90 days after
	isted, the date must be specific and cannot be more than live dusiness days prior to or 90 days after
he date of filing.) Note: If the date incom	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective	ve date on the Department of State's records.
ARTICLE VI: Other pr	rovisions if any
THE PURPOSE OF	THE ENTITY SHOULD BE RENT A CAR
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DEULIDED	SIGNATURE: A A C'A '
KENVIKED	SIGNATURE.
	X f · · · ·
	Signature of a member or an authorized representative of a member.
	This document is executed in accordance with section 605 0203 (1) (b). Florida Stanues

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Ronald Alfonso Ordonez

Typed or printed name of signee

