

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L24000394493**

Note: Please print this page and use it as a cover sheet. It is the audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305)803-2736  
Fax Number : (305)646-1527

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

Email Address: \_\_\_\_\_

*FLORIDA EPA INVESTMENT, LLC*

FLORIDA LIMITED LIABILITY CO.

~~EPA PROPERTIES, LLC~~

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

2024 SEP 13 PM 3:59  
DEPT OF STATE  
TALLAHASSEE, FL  
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August 27, 2024

FLORIDA DEPARTMENT OF STATE  
BUSINESS WORLD TRANSACTIONS, INC. Division of Corporations

SUBJECT: EPA PROPERTIES, LLC  
REF: W24000121700

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any further questions concerning your document, please call (850) 245-6052.

Frantz Clerjuste  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H24000285742  
Letter Number: 924A00019186

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA EPA INVESTMENT, 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:

801 BRICKELL BAY DR.

APT. 1067

MIAMI, FL 33131

Mailing Address:

801 BRICKELL BAY DR.

APT. 1067

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:

ERNESTO PARRA

Name

801 BRICKELL BAY DR. APT. 1067

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

MIAMI

FL

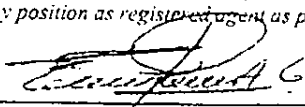
33131

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company in 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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

ERNESTO PARRA

801 BRICKELL BAY DR, APT. 1067

MIAMI, FL 33131

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member of an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (a), 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.

ERNESTO PARRA

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)