

Document Number Only

CI CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

100002619891--0  
-08/19/98-01054-022  
\*\*\*\*285.00 \*\*\*\*285.00

*EPCOM of Iowa, LLC*

98 AUG 19 PM 12:20  
DIVISION OF CORPORATION

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- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                           | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                        |   |   |
| <input checked="" type="checkbox"/> Limited Liability Co. |   |   |
| <input type="checkbox"/> Foreign                          | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Limited Partnership              | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Reinstatement                    | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of R.A.     |
|   | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy                   | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready                  | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In               | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                         |   |   |

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

AUG 19 1998

Thanks,  
Jeff

*hsk*  
*8/19/98*

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

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EPCOM of Iowa, LLC

**ARTICLE II - Address:**

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

1126 Greenstone Blvd., #104, Heathrow, Florida 32746

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be: *perpetual*

**ARTICLE IV - Management:**

**(check and complete the appropriate statement)**

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Ed Parker

1126 Greenstone Blvd., #104, Heathrow, Florida 32746

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

#### **ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

A new member shall be admitted on the date that the current members holding voting membership units agree in writing to the addition of the new member by majority vote. The new member shall be subject to the terms and conditions of the company's membership agreement.

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#### **ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The death, legal incapacity, insolvency or dissolution of a member shall not cause a dissolution of the company, but the rights of such member to share in the net profits or net losses of the company, to receive distributions, and to assign any membership unit in the company shall, on the happening of such an event, devolve to his or her personal representative, or in the event of the death of one whose membership unit is held in joint tenancy, devolve to the surviving joint tenant(s), subject to the terms and conditions of the company's membership agreement. The estate of the member shall be liable for all the obligations of the deceased or incapacitated member.

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

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The undersigned member or authorized representative of a member of \_\_\_\_\_  
EPCOM of Iowa, LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 0
- 5) the total amounts of 2, 3 and 4 is \$ 1,000



\_\_\_\_\_  
Signature of a member or authorized representative of a member.

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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1. The name of the limited liability company is: EPCOM of Iowa, LLC

2. The name and address of the registered agent and office is:

C T CORPORATION SYSTEM  
(Name)  
  
c/o C T CORPORATION, 1200 South Pine Island Road,  
(P.O. Box not acceptable)  
  
Plantation, Florida 33324  
(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.*

C T CORPORATION SYSTEM



Kevin Gallaher (Signature) Asst. Vice-Pres.

August 14, 1998

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent