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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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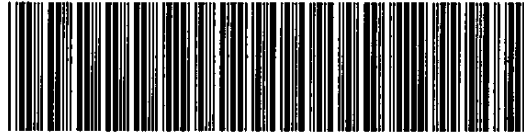
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Certified Epic
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Barry Mitchell
(Name of Person)

Certified Epic, LLC
(Firm/Company)

P.O. Box 12480
(Address)

Alexandria, VA. 71315
(City/State and Zip Code)

For further information concerning this matter, please call:

Barry Mitchell at (318) 880-0173
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Certified Epic, L.L.C.
(Name of Foreign Limited Liability Company)

2. Louisiana 3. 05-0630702
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2-7-06 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 8-14-06
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 3838 Independence Drive
Alexandria, VA. 71303
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Barry Mitchell, 184 Cooper Road, Alexandria, VA. 71303

Jason Mitchell, 10600 Bloomfield Drive, Orlando, FL 32825

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Advertisement, Film Production

Barry Mitchell
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Barry Mitchell
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Certified Epic, L.L.C.

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

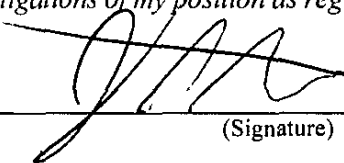
Jason Mitchell
(Name)

555 Winderly Place, Suite 300
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Maitland FL 32751
City/State/Zip

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TALLAHASSEE, FLORIDA

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 608, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

United States of America State of Louisiana



As Secretary of State, Al Ater, I do hereby Certify that

CERTIFIED EPIC, L.L.C.

A limited liability company domiciled in ALEXANDRIA,
LOUISIANA,

Filed charter and qualified to do business in this State on
February 7, 2006,

I further certify that the records of this Office indicate
the company has paid all fees due the Secretary of State,
and so far as the Office of the Secretary of State is
concerned, is in good standing and is authorized to do
business in this State.

I further certify that this certificate is not intended to
reflect the financial condition of this company since this
information is not available from the records of this
Office.

In testimony whereof, I have hereunto set
My hand and caused the Seal of my Office
To be affixed at the City of Baton Rouge on,
August 3, 2006

Secretary of State
36115866K



Certificate ID: 20060803000126

To validate this certificate, visit the following web site,
go to **Commercial Division, Validate Certificate**, then
follow the instructions displayed.
www.sos.louisiana.gov



Louisiana Secretary of State
COMMERCIAL DIVISION
Corporations Database



Louisiana Secretary of State
Certificate Validation

CERTIFICATE ID: **200608030000126**

A Certificate of Good Standing was issued by the Louisiana Secretary of State, having a Certificate date of **08/03/2006**, pertaining to the entity **CERTIFIED EPIC, L.L.C.**, identified by entity charter number **36115866K**

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