141500007055

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
. (Ac	ldress)	<u>.</u>
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
, (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
i		

Office Use Only



400276600714

09/01/15--01019--015 **260.00

15 SEP 16 PM 5: 54

SEP 1 5 2015 Y SULKER

W15= 58819

COVER LETTER

TO:		ation Section 1 of Corporations					
SUBJE		MELBOURNE, L	LC				
50201	<u></u>		Name of I	Limited Liability Co	ompany		
The en- Exister	closed "Ap	pplication by Fore neck are submitted	ign Limited Liability Comp to register the above refere	any for Authorizat nced foreign limite	on to Trar d liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida
Please	return all	correspondence co	ncerning this matter to the	following:			
-		Christopher D. S	chott				
			Nε	me of Person	······································		
		EP MELBOURI	NE, LLC				
		Firm/Company					
		401 Veterans Me	emorial Blvd Ste 102				
	Address						
		Metairie, LA 70	0005				
			City/Si	tate and Zip Code			
		cds@expotelhosp	itality.com				
		· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used	l for future annual	report noti	fication)	
For fu	rther infor	mation concerning	this matter, please call:				
	Christo	opher Schott		504 at (212-169	92	
		Name of	Contact Person	Area Code	Day	time Telephone Number	•
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclos		eck for the followi 5.00 Filing Fee	ng amount: \$\Boxed{\text{\$\sigma}}\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	



RECEIVED

15 SEP 16 PM 2: 34

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Division of Corporations IALLAHASSEE, FLORIDA

September 4, 2015

CHRISTOPHER D SCHOTT **401 VETERANS MEMORIAL BLVD STE 102** METAIRIE, LA 70005 US

SUBJECT: EP MELBOURNE, LLC Ref. Number: W15000058819

We have received your document for EP MELBOURNE, LLC and your check(s) totaling \$260.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

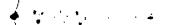
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 015A00018810



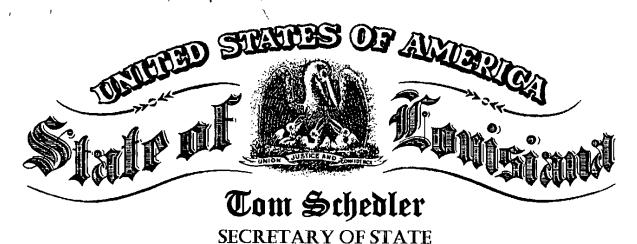
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. EP MELBOURNE, LL		···	1 447 1 1 1 1 1 1			44.000		
(Name of Fore	eign Limited Liability Company; mu	st inclu	ide "Limited Lia	bility Compa	any," "L.L.C.," o	or "LLC.")		
(If name unavailable, enter al Liability Company," "L.L.C,"	Iternate name adopted for the purpos " or "LLC.")	e of tra	nsacting busines	ss in Florida.	The alternate na	ame must inc	lude "L	imited
2. Louisiana		. 3.	47-4693791					
(Jurisdiction under the law company is organized)	of which foreign limited liability		<u></u>	(FEI nun	ber, if applicabl	e)		_
4: 09/10/15								
T:	(Date first transacted busing (See sections 605.0904 & 605	ss in F	lorida, if prior to	registration				
5. 401 Veterans Memoria								
Metairie, LA 70005								
	(Street Address of	Princip	al Office)		,			
6. 401 Veterans Memoria	l Blvd Ste 102							
Metairie, LA 70005						****		
	(Mailing	Addres	s)				5	
7. Name and street address	ss of Florida registered agent: (P.	.O. Bo	x <u>NOT</u> accept	able)		ZE	33	A I group
Name:	C T Corporation System			_		ASS	9 6	an and desired
Office Address:	1200 S. Pine Island Road					EE.	PH	m
	Plantation			, Florida	33324 (Zip code)	18	့ကူ	\bigcirc
Registered agent's accep	(City)				(Zip code)		Ω	
designated in this applica to complywith the provision	gistered agent and to accept ser tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Regist	tment	as registered a	gent and a performa	gree to act in t nce of my dution	his capacit es, and I ar	y. I fui n famil	rther agree
8. The name, title or capa	acity and address of the person(s)	who l	nas/have author	rity to mana	ige is/are:			: ·
Christopher D. Schott, Ma	anager of LLC							
					_		,	
9. Attached is a certificate jurisdiction under the law of the translator must be su	Mitol	ertifica	ate is in a foreig	gn language	e official having	g custody o	f record	ds in the inder oath
	Signature	of an a	uthorized person	n				
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitu	0203 (ites a t	l) (b), Florida ! hird degree fek	Statutes. I a	m aware that a ided for in s.81	ny false info 7.155, F.S.	ormatic	n

Typed or printed name of signee

Christopher D. Schott



As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

EP MELBOURNE, LLC

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on August 20, 2015,

I further certify that no Certificate of Dissolution has been issued.

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 31, 2015

Secretary of State

Web 41991749K



Certificate ID: 10632023#Q8E52

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed. www.sos.la.gov