# MISOMO9760

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
W15-7	1449	

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2015 DEC -7 A 8: 2 SECRETARY OF STATE

> DEC 0 8 2015 J. BRUCE

## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2015

ELLEN PENTLAND 100 LAKESHORE DRIVE, APT 452 NORTH PALM BEACH, FL 33408

SUBJECT: EPAS, LLC

Ref. Number: W15000077449

We have received your document for EPAS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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, plase call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 415A00025096

LED

### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations		
SUBJE	ECT: EPAS, LLC		
	Nan	ne of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F	
Please 1	return all correspondence concerning this matter t	to the following:	
	Ellen	Pentland Name of Person	
	<u> </u>	rank of roison	
	EPAS.	. LLC	
		Firm/Company	
	100 LAKesho	re DRIVE, Apt 452	
	Dorth Palm	Beach, Florida 3340 City/State and Zip Code	28
	espent 2 @		<u>ብ</u>
	E-mail address: (to be	e used for future annual report notification)	<del>-</del>
For furt	ther information concerning this matter, please cal		ニカフ
	Fllen Pentland Name of Contact Person	at (561) 313-83 5 N	
	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	
Enclose	ed is a check for the following amount:  \$\Boxed{1}\$125.00 Filing Fee Certificate of Status}	e & \$\Bigcup \$155.00 \text{ Filing Fee & } \Bigcup \$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy}	<b>?</b>

IN FLORIDA
IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
FPAS IIC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Wilmington, DE 3. 47-5605408 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. Oate When registered  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 3511 Silverside Rd Ste 105
Wilmington DE 19810 (Street Address of Principal Office)
6. 100 Lakeshore DRIVE Apt 452 F
North Palm Beach 7L 33408 All Beach 12 33408
(Walling Addless)
Name.
Office Address: 100 LAILESHOPE DRIVE, #452
Dorth Palm Beach, Florida 33408 (City) (Zip code)
Registered agent's acceptance:
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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.
Som Pantla
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Trwin Pentland, Operating Manager
Ellen Pentland, Treasurer Secretary Manager
100 LAKeshore DREWE # 452 North Palm Beach 71 33408
9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)
Signature of an authorized person
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.
Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EPAS, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SEVENTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPAS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

e at corp. delaware gov/auth

Authentication: 10557434

Date: 12-07-15

5877530 8300

SR# 20151220900