

MI9000002079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

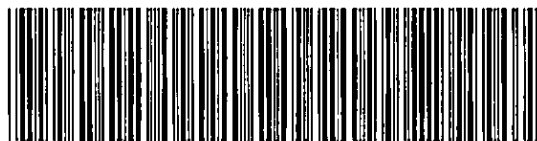
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800324609768

02/19/19--01038--009 \*\*130.00

FILED  
19 FEB 19 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
FEB 28 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EPIC RE DEVELOPMENT GROUP LLC

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:

BRADLEY DAVIES

Name of Person

CLOUD PEAK LAW GROUP, P.C.

Firm/Company

905 BROADWAY STREET STE 100

Address

SHERIDAN WY 82801

City/State and Zip Code

INFO@EPICREDEVELOPMENT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley Davies

307

683-0983

at ( )

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. EPIC RE DEVELOPMENT GROUP, LLC

(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. WYOMING

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3141612

(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 201 E. 5TH ST. STE 1200

(Street Address of Principal Office)

SHERIDAN, WY 82801

6. 201 E. 5TH ST. STE 1200

(Mailing Address)

SHERIDAN, WY 82801

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BONITA EXECUTIVE CENTER C/O JANICE NE

Office Address: 8891 BRIGHTON LANE, SUITE 103

BONITA SPRINGS

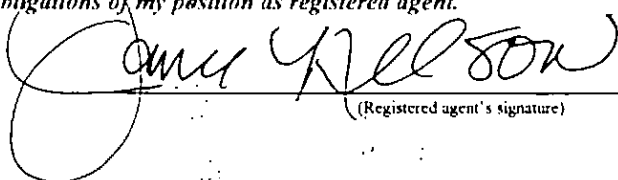
(City)

34135  
Florida

(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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

FILED  
19 FEB 19 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**

**Name and Address:**

☐ Manager Name: CLOUD PEAK LAW GROUP, P.C.  
☐ Member Address: C/O Bradley Davies  
☒ Authorized 905 Broadway Street Suite 100  
Person Sheridan WY 82801  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

**Title or Capacity:**

**Name and Address:**

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

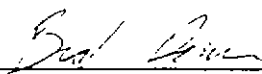
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

  
\_\_\_\_\_  
Signature of an authorized person

Bradley Davies

\_\_\_\_\_  
Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**EPIC RE DEVELOPMENT GROUP, LLC**


is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 12, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000836592**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of February, 2019 at 1:40 PM. This certificate is assigned 029910023.



  
Secretary of State



Wyoming Secretary of State  
2020 Carey Avenue  
Suite 700  
Cheyenne, WY 82002-0020  
Ph. 307-777-7311

For Office Use Only

WY Secretary of State  
FILED: Jan 12 2019 2:44PM  
Original ID: 2019-000836592

---

## Limited Liability Company Articles of Organization

**I. The name of the close limited liability company is:**

EPIC RE DEVELOPMENT GROUP, LLC

**II. The name and physical address of the registered agent of the close limited liability company is:**

Cloud Peak Law Group, P.C.  
905 Broadway Street  
Ste 100  
Sheridan, WY 82801

**III. The mailing address of the close limited liability company is:**

201 East 5th St. STE 1200  
Sheridan, WY 82801

**IV. The principal office address of the close limited liability company is:**

201 East 5th St. STE 1200  
Sheridan, WY 82801

**V. The organizer of the close limited liability company is:**

Cloud Peak Law Group, P.C.  
905 Broadway STE 100 Sheridan WY

Signature:

Bradley Davies

Date: 01/12/2019

Print Name:

Bradley Davies

Title:

Authorized Individual

Email:

reports@cloudpeaklaw.com

Daytime Phone #:

(307) 683-0983