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Foreign Limited Liability Company **Epic Yacht Sales LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-, Epic Yacht Sales LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.." or "U.C.") Iff name inavailable, enter illicroate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "F.L.C," or "ELC.") 5. 2285 g Pga Boulevard 7901 4th St N **STE 300** St. Petersburg FL 33702 Palm beach garden Fl 33410 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg , Florida 33702 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.

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Scott Funk Manager Manager Name: Manager 7901 4th St N STE 300 Address: Member Address: Member St. Petersburg FL 33702 Authorized Authorized Person Person Other____ Other____ Other_ Other____ Manager Name: _____ Manager Name: Member | Address: Member Address: Authorized Authorized Person Person Other_ Other____ Other____ Other Name: _____ ■ Manager Name: ____ Manager ☐ Member Address: ____ Member Address: Authorized Authorized Person Person Other____ Other Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signer

Riley Park

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EPIC YACHT SALES 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 SIXTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPIC YACHT SALES LLC" WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2019.

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203805306

Date: 10-16-19

7453202 8300 SR# 20197578089