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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/f	Phone #)				
PICK-UP WAI	T MAIL				
(Business Entit	y Name)				
(Document Number)					
Certified Copies Certifi	icates of Status				
Special Instructions to Filing Officer:					

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#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability (	Company		
			ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florid		
Please return all correspondence of	concerning this matter to the following	owing:			
Crystal Muelle	r				
<del></del>	Name	of Person			
Epic Land Inve	stments, LLC				
Firm/Company					
13725 SW 139	th Court, #107			,	
<del></del>	A	ddress	<u> </u>	•	
Miami. Fl 3318	36			٠.	
	City/State	and Zip Code			
crystal@epicmot	orsports.com				
	E-mail address: (to be used for	future annual	report notification)		
For further information concerning	g this matter, please call:				
Crystal Mueller	at	305	321-9018		
Name o	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 Please make check payabase \$125.00 Filing Fee	he following amount: ble to: FLORIDA DEPARTME  \$130.00 Filing Fee &  Certificate of Status	\$155.00	Filing Fee & S160.00 Filing Fee, Certificated Copy of Status & Certified Copy	ıte	

### 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:

Epic Land Investments					
(Name of Foreign	Limited Liability Company; must include "Limit	d Liability Company," "L.L.	C.," or "LLC.")		
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The alternate name must inc	lude "Limited Liability Com	pany," "L.L.C," or "L.I.C	
Delaware		47-4824636			
(Jurisdiction under the law of which foreign limited liability company is organized)		V. <u></u>	(FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)			
13725 SW 139th Court		13725 SW 139 6.			
(Street Address of I	rincipal Office)	0	(Mailing Address)	<del> </del>	
Miami, FL 33186		Miami, FL 331	86		
				<u> </u>	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		SELECTION OF THE PROPERTY OF T	
Name:	Crystal Mueller			ELE FLORIE	
Office Address:	13725 SW 107th Court #107			100 m	
	Miami	, Florida	33196		
	(City)	, i lottua	(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 a signature

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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: Title or Capacity: Name and Address: Name: George Mueller Crystal Mueller ■ Manager Manager Address: 13725 SW 139th Court, #107 Address: \_\_\_\_\_13725 SW 139th Court, #107 Member Miami, FL 33196 Miami, FL 33196 Authorized Authorized Person Person Other\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other Name: \_\_\_\_\_ Manager Name: Member Address: Address: Member Authorized Authorized Person Person Other\_\_\_ Other Other Other\_\_\_\_ Manager Name: Manager Name: \_\_\_ ☐ Member Address: ☐ Member Address: Authorized Authorized Person Person 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 athird degree felony as provided for in s.817.155, F.S. Signature of an authorized person Crystal Mueller

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 "EPIC LAND INVESTMENTS, 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 TWENTY-FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPIC LAND INVESTMENTS, LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D. 2015.

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



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Authentication: 203837022

Date: 10-21-19