

MA 200900006578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

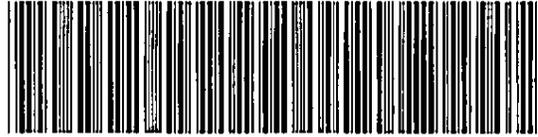
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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MUNDT MACGREGOR L.L.P.
ATTORNEYS AT LAW

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Bainbridge Island, Washington 98110-2873

Telephone (206) 624-5950
Facsimile (206) 624-5469
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Tracey Drifmeyer
tdrifmeyer@mundtmac.com
Direct: (206) 319-1111

July 17, 2020

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

SENT VIA FEDERAL EXPRESS

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Re: Application by Foreign Limited Liability Company for
Authorization to Transact Business in Florida

To Whom It May Concern:

Enclosed for filing, please find:

- 1) Cover Letter;
- 2) Completed and executed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- 3) Original Certificate of Good Standing; and,
- 4) Our firm's check no. 1623 payable to the Florida Department of State in the amount of \$155.00 for the filing fee and a certified copy.

Please feel free to contact me with any questions or concerns.

Sincerely,

MUNDT MacGREGOR, L.L.P.

Tracey Drifmeyer
Tracey Drifmeyer

Enclosure

FL Dept. of State (Epsilon Brands LLC) 4310.002A

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Epion Brands 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:

Libby Williams

Name of Person

Mundt MacGregor L.L.P.

Firm/Company

271 Wyatt Way NE, Suite 106

Address

Bainbridge Island, Washington 98110

City/State and Zip Code

lwilliams@mundtmac.com

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

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TALLAHASSEE FLORIDA
STATE DEPARTMENT OF STATE

For further information concerning this matter, please call:

Libby Williams at (206) 624-5950
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Epion Brands 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A
(FEI number, if applicable)

4. 8/1/2020
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 707 S. Grady Way, Suite 600
(Street Address of Principal Office)
Renton, WA 98057-3227

6. 707 S. Grady Way, Suite 600
(Mailing Address)
Renton, WA 98057-3227

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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 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.

Scott A. White
Scott A. White, Asst. Secy.
(Registered agent's signature)

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]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--|---|--|
| <input checked="" type="checkbox"/> Manager | Name: <u>Matts Johansen</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Trond Atle Smedsrud</u> |
| <input type="checkbox"/> Member | Address: <u>Oksenyvein 10</u> | <input type="checkbox"/> Member | Address: <u>Oksenyvein 10</u> |
| <input type="checkbox"/> Authorized Person | <u>Lysaker, Norway</u> <u>NO-1327</u> | <input type="checkbox"/> Authorized Person | <u>Lysaker, Norway</u> <u>NO-1327</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | |
|---|---|
| <input checked="" type="checkbox"/> Manager | Name: <u>Vera Ellich</u> |
| <input type="checkbox"/> Member | Address: <u>707 S. Grady Way, Suite 600</u> |
| <input type="checkbox"/> Authorized Person | <u>Renton, WA 98057-3227</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | |
|--|--------------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | |
|--|--------------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

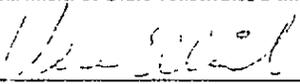
| | |
|--|--------------------------------------|
| <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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 TALLAHASSEE, FLORIDA

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

 Vera Ellich, Manager

 Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EPION BRANDS 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 TENTH DAY OF JULY, A.D. 2020.

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SECRETARY OF STATE
TALLEMONT, DELAWARE




Jeffrey W. Bullock, Secretary of State

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SR# 20206153565

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

Authentication: 203261979

Date: 07-10-20