

9/15/21, 4:57

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Division of Corporations  
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To:

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**Foreign Limited Liability Company  
EPC ARLINGTON HILLS, LLC**

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FLORIDA DIVISION OF CORPORATIONS

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**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.

EPC ARLINGTON HILLS, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company" "L.L.C." or "LLC")

(1) If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C."

## Delaware

2. \_\_\_\_\_ (Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_ (EIN number, if applicable)

upon filing

Has this transacted business in Florida if prior to registration? (See section 155.0904 & 155.0905, F.S. to determine penalty liability)

1200 Brickell Ave., Suite 1650

1200 Brickell Ave., Suite 1650

Miami FL 33131

Miami, FL 33131

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

## C++ Corporation System

Office Address: 1200 South Fine Island Road

Office Address: \_\_\_\_\_

Plantation \_\_\_\_\_ 33324  
(City) \_\_\_\_\_ 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.*

By: Donna J. Stiegler CT Corporation System  
(Registered agent's signature)

Donna Peterson-Riggs, Asst. Secretary

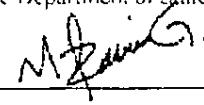
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<b>Title or Capacity:</b>	<b>Name and Address:</b>	<b>Title or Capacity:</b>	<b>Name and Address:</b>
<input checked="" type="checkbox"/> Manager	Name: Eagle Property Capital Investments, LLC	<input checked="" type="checkbox"/> Manager	Name: Mariana Robina
<input type="checkbox"/> Member	Address: 1200 Brickell Ave , Suite 1650	<input checked="" type="checkbox"/> Member	Address: 1200 Brickell Ave , Suite 1650
<input type="checkbox"/> Authorized	Miami, FL 33131	<input checked="" type="checkbox"/> Authorized	Miami, FL 33131
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input checked="" type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input checked="" type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input checked="" type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input checked="" type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Mariana Robina

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EPC ARLINGTON HILLS, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2021.

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



6231914 8300

SR# 20213247742

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink that reads "JWB". Below the signature, the text "Jeffrey W. Bullock, Secretary of State" is printed in a smaller font.

Authentication: 204159544

Date: 09-15-21