

ma1000014567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

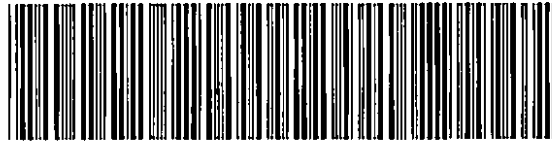
(Business Entity Name)

(Document Number)

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

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S. HAWKES

NOV -2 2021

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 11/02/2021

Acc#120160000072

*en: c DW*

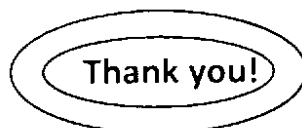
|             |                       |
|-------------|-----------------------|
| Name:       | EPB Art Holdings, LLC |
| Document #: |                       |
| Order #:    | 13963865              |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

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| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
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| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

|            |        |
|------------|--------|
| Amount: \$ | 155.00 |
|------------|--------|



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. EPB Art Holdings, 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. 87-2917249  
(FBI 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. 1410 ROCKY RIDGE DRIVE  
(Street Address of Principal Office)

6. SAME  
(Mailing Address)

SUITE 170  
ROSEVILLE, CALIFORNIA 95661

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

Name: C T CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324  
(City) (Zip code)

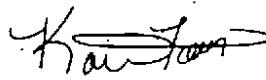
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2021 JUN -2 PM 12:27  
CLERK OF STATE  
TALLAHASSEE, FL

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: Kaity Toon, Assistant Secretary

(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 type="checkbox"/> Manager             | Name: EAU PALM BEACH HOLDINGS, LLC | <input type="checkbox"/> Manager              | Name: TARA M. LUCAS            |
| <input checked="" type="checkbox"/> Member   | Address: 1410 ROCKY RIDGE DR.      | <input type="checkbox"/> Member               | Address: 1410 ROCKY RIDGE DR.  |
| <input type="checkbox"/> Authorized          | SUITE 170                          | <input type="checkbox"/> Authorized           | SUITE 170                      |
| Person                                       | ROSEVILLE, CA 95661                | Person  | ROSEVILLE, CA 95661            |
| <input type="checkbox"/> Other               | <input type="checkbox"/> Other     | <input checked="" type="checkbox"/> Other CFO | <input type="checkbox"/> Other |
| <br>   |                                    | <br>  |                                |
| <input type="checkbox"/> Manager             | Name: HECTOR M. CALDERA            | <input type="checkbox"/> Manager              | Name: ANNA. M. REUTER          |
| <input type="checkbox"/> Member              | Address: 1410 ROCKY RIDGE DR.      | <input type="checkbox"/> Member               | Address: 1410 ROCKY RIDGE DR.  |
| <input type="checkbox"/> Authorized          | SUITE 170                          | <input type="checkbox"/> Authorized           | SUITE 170                      |
| Person                                       | ROSEVILLE, CA 95661                | Person  | ROSEVILLE, CA 95661            |
| <input checked="" type="checkbox"/> Other VP | <input type="checkbox"/> Other     | <input checked="" type="checkbox"/> Other VP  | <input type="checkbox"/> Other |
| <br>   |                                    | <br>  |                                |
| <input type="checkbox"/> Manager             | Name: _____                        | <input type="checkbox"/> Manager              | Name: _____                    |
| <input type="checkbox"/> Member              | Address: _____                     | <input type="checkbox"/> Member               | Address: _____                 |
| <input type="checkbox"/> Authorized          | _____                              | <input 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

ANNA M. REUTER, VICE PRESIDENT

Typed or printed name of signee


# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "EPB ART HOLDINGS, 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 SECOND DAY OF NOVEMBER, A.D. 2021.

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

  
Jeffrey W. Bullock, Secretary of State

6267031 8300

SR# 20213678328

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

Authentication: 204573295

Date: 11-02-21