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Office Use Only



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S. FRANKLIN DEC - 7 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

		₩WALK IN*
ENTITY NAME EPIC	C CLEAN LLC	
DOCUMENT NUMBE	D	. 28
DOCCHENT NOT IDE	**PLEASE FILE THE ATTACHED AND RETURN**	7821 DEC -6
xxxxx	Plain Copy Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	7
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITE Certified Copy of Arts & Amendments Certificate of Good Standing	7
	Certified Copy of Arts & Amendments	7**
COUNTRY OF DESTIN	Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION **	
	Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION**	
	Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION ** NATION CATES REQUESTED	

COVER LETTER

1 - 1 - 1 - 1 - 1 - 1 - 1

Registration Section Division of Corporations

TO:

		Name of Lim	ited Liability	Company		
The enclosed Existence, and	"Application by Fored check are submitted	ign Limited Liability Company to register the above reference	for Authoriz d foreign lim	ation to Transact Business in ited liability company to trans	Florida," Ce sact business	rtificate of in Florida.
Please return	all correspondence co	oncerning this matter to the foll	owing:			
	SHARON URB	AN				
		Name	of Person			
	HARBOR COM	IPLIANCE				
		Firm/	Company			
	1830 COLONIA	AL VILLAGE LANE				
		A	ddress		707	
	LANCASTER.	PA 17601			2021 DEC	w:===
		City/State	and Zip Code	2		
	PROFESSIONAL	.@HARBORCOMPLIANCE.C	ОМ		(0) (0)	
		E-mail address: (to be used for	future annua	l report notification)	<u> </u>	
For further in	formation concerning	this matter, please call:				_
SHA	ARON URBAN	a	717	229-0387		
	Name of	Contact Person	Area Code	Daytime Telephone N	umber	
MA	LING ADDRESS:			STREET ADDRESS:		
	sion of Corporations			Division of Corporations		
	stration Section Box 6327			Registration Section Clifton Building		
	hassee, FL 32314			2661 Executive Center Circ	ele	
1 11110				Tallahassee, FL 32301		
	osed is a check for the se make check payable	e following amount: te to: FLORIDA DEPARTME	ENT OF STA	TE		
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		_	0 Filing Fee us & Certifie	

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:

name unavariable, enter atternate r	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include - Limited Clability C.	.ompany, "L.L.C. or L.L.C.
IDAHO		47-3326439 3	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if a	applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)	_
800 W MAIN ST., ST		800 W MAIN ST., STE 1460	
(Street Address of	Principal Office)	6. (Mailing Address)	
BOISE, ID 83702		BOISE, ID 83702	1821 DE
			0
			9-3
Name and street address	or of Florida registered guests (P.O. Per	NOT pagantable)	0-6 PH
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	9-3
Name and street address	ss of Florida registered agent: (P.O. Box REGISTERED AGENTS INC.	NOT acceptable)	0-6 PH
Name and street address		NOT acceptable)	0-6 PH
		NOT acceptable)	0-6 PH
Name:	REGISTERED AGENTS INC. 7901 4TH ST N STE 300 ST PETERSBURG	NOT acceptable) 33702 Ligit code:	0-6 PH

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: ANDREW SOUTHWICK Manager Manager Name: _____ 800 W MAIN ST., STE 1460 Address: Member Member Address: BOISE, ID 83702 Authorized Authorized Person Person Other____ Other Other Other Manager Manager Manager Name: Name: Member Member | Address: Address: Authorized Authorized Person Person Other Other Other Name: Manager Manager Manager Name: Member Member Address: 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. Is Andrew Southwick Signature of an authorized person-

Typed or printed name of signee

Andrew Southwick



STATE OF IDAHO

Lawerence Denney | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

November 22, 2021

Request Type: Certificate of Existence/Filing

Request #:

0004504080

Receipt #:

000575360

Regarding:

EPIC CLEAN LLC

Filing Type:

Status:

Limited Liability Company (D)

Formation/Qualification Date: 03/05/2015

Active-Existing

Duration Term:

Perpetual

File #:

452686

Formation Locale: IDAHO

Copies Requested:

Issuance Date: 11/22/2021

Inactive Date:

Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

EPIC CLEAN LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney

Idaho Secretary of State

Processed By: Business Division Verification #: 015239831

Phone: 208-334-2301 * Email: business@sos.idaho.gov * Website: sosbiz.idaho.gov