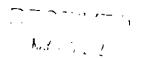
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COVER LETTER

TO:	Registration Section Section Division of Corporations
	EPIC FINANCE LLC
SUBJ	Name of Limited Liability Company
The en	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of nce, 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:
	LOVETTE DOBSON
	Name of Person
	Firm/Company
	17350 STATE HWY 249 #220
	Address
	HOUSTON, TX 77064
	City/State and Zip Code
	EFILE1234@INCFILE.COM
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	LOVETTE DOBSON 1 888-462-3453 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE
	S125.00 Filing Fee \$\Bigsim \bigsim \b

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. EPIC FINANCE LLC

	name adopted for the purpose of transacting business in Floric	ia The ancimic	hane hust menue. Tanned rating e	company, c.i. c. or	
Washington		3	(FE) number, if a	**	
(Jurisdiction under the law of w	hich foreign limited hability company is organized)		(FE) number, if a	pplicable)	
	(Date first transacted business in Florida, if may to re	eistration i		_	
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determine				
751 Sw Puffin St		751 6.	Sw Puffin St (Mailing Address)		
(Street Address of	Principal Office)		(Mailing Address)		_
Oak Harbor, WA 9827	7	Oak	Harbor, WA 98277		
				20	

Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> accep	table)	2022 HAY -	
				<u>ිරි</u> ද් රා ති. කා	i 1 1
Name:	LEGALING CORPORATE SERVICES	FINC.		AM 10: 5	Ċ
Office Address:	5237 SUMMERLIN COMMONS, SUF	ΓE 400	_): 57)::10/	
	FORT MYERS		33907 , Florida(Zip code)		
	(Cuy)				

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Peter Devries Manager | Name: Manager 751 Sw Puffin St Member Address: Address: ■ Member Oak Harbor, WA 98277 Authorized Authorized Person Person Other____ Other____ Other_ Other Manager Manager Name: _____ Manager Member Address: _______ Member Address: __________ Authorized Authorized Person Person Other _____ Other Other Other Name: Manager Name: _____ Manager Address: _____ Address: _____ Member Member ☐ 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. Signature of an authorized person Peter Devries

Typed or printed name of signee



Secretary of State

I. STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

EPIC FINANCE LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/28/2021.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> 05/02/2022 Issued Date:

UBI Number: 604 739 582



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

to R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 05/02/2022