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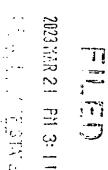
(Re	equestor's Name)	
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COVER LETTER

TO:

ECT: _	PIC ESTATES I LLC				
Name of Limited Liability Company					
iclosed "; nce, and o	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Busines referenced foreign limited liability company to	ss in Florida." Ce transact business		
return al	correspondence concerning this matter t	o the following:			
	Praveena Beeram				
		Name of Person			
			2923 i		
		Firm/Company	. 20		
	10114 W Verona Cir		. 21		
		Address	, , <u> </u>		
	Vero Beach, FL 32966		PM 3: 1		
		ity/State and Zip Code			
	epicestatesmgmt@gmail.com				
	E-mail address: (to be	e used for future annual report notification)			
ther info	rmation concerning this matter, please ca	II:			
Praveo	ena Beeram	573 291-4356 at ()			
	Name of Contact Person	Area Code Daytime Telephor	ie Number		
	g Address:	Street Address:			
	tration Section	Registration Section			
	ion of Corporations	Division of Corporations			
	30x 6327	The Centre of Tallahassee			
танаі	nassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please	ed is a check for the following amount: make check payable to: FLORIDA DEF 5.00 Filing Fee \$130.00 Filing Fe Certificate of	PARTMENT OF STATE e & S155.00 Filing Fee & S160.00) Filing Fee, Cert Status & Certified		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	da. The alternate name must include "I	amited Liability Company," "L.4, C," or "Ll.0		
Texas		88-4030346 3.			
(Jurisdiction under the law of wh	nich foreign limited liability company is organized?	.s	5. (FEI number, if applicable)		
1/27/2023					
	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605 0905, F.S. to determine	istration) penalty liability)			
708 Horizon St		708 Horizon St	2023		
eet Address of Principal Office)		6. (Mailing Address)			
Flower Mound		Flower mound	2		
TX-75028		TX-75028			
Name and street address Name:	s of Florida registered agent: (P.O. Box)	<u>SOT</u> acceptable)			
Office Address:	10114 W Verona Cir				
	Vero Beach	3296 , Florida	66		
	(City)		p code)		

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: Sri Devi Yerramsetty Praveena Beeram Name: ■Manager ■Manager 708 Horizon St 708 Horizon St Address: □Member. □ Member Flower Mound, TX-75028 Flower Mound, TX-75028 □ Authorized □ Authorized Person Person □Other_____ □Other____ □ Other_____ Other____ Name: ■ Manager □Member □Member Address: ______ ☐ Authorized □ Authorized Person Person □Other_____ □Other____ □Other___ Name: ____ □Manager Name: ☐ Manager Address: □Member □Member 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. Praveena Beeram

lyped or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for EPIC ESTATES 1 LLC (file number 804629613), a Domestic Limited Liability Company (LLC), was filed in this office on June 30, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed, my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 14, 2023.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jane Nelson Secretary of State

Come visit us on the internet at https://www.sos.texas.gov Fax: (512) 463-5709

TID: 10264

Dial: 7-1-1 for Relay Services Document: 1222124330003