# M24000005743

(Requestor's Name)				
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PICK-UP WAIT	MAIL			
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of	Status			
Special Instructions to Filing Officer:				





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# COVER LETTER

TO:

Registration Section

EI	on of Corporations PC HOLDINGS 823 LLC			
SUBJECT:	Nam	e of Limited Liability Company		
		Company for Authorization to Transact Business in Florida." Certificate or referenced foreign limited liability company to transact business in Florida.		
Please return all	correspondence concerning this matter to	o the following:		
	John Troutman			
		Name of Person		
	EPC Holdings 823 LLC			
	Firm/Company			
	3161 Michelson, Ste. 425			
		Address		
	Irvine, CA 92612			
	C	City/State and Zip Code		
	jtroutman@richlandinvestments.com			
	E-mail address: (to be	e used for future annual report notification)		
For further info	rmation concerning this matter, please ca	II:		
John T	Froutman	949 383-4131		
	Name of Contact Person	at () Area Code Daytime Telephone Number		
Regis Divis P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		
Please	ed is a check for the following amount: make check payable to: FLORIDA DER 5.00 Filing Fee	PARTMENT OF STATE  se & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate		

# 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 HOLDINGS 823 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.") WASHINGTON (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 400 N. ASHLEY DR., STE. 1750 400 N. ASHLEY DR., STE. 1750 5. (Street Address of Principal Office) (Mailing Address) TAMPA, FL 33602 TAMPA, FL 33602 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DAWN M. LEMONS Name: 400 N. ASHLEY DR., STE. 1750 Office Address: TAMPA , Florida (City) 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.

(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:
□Manager	Name: Matthew J. Bray	□Manager	Name: John H. Bray
□Member	Address: 400 N. Ashley Dr., Ste. 1750	□Member	Address: 3161 Michelson, Ste. 425
■Authorized	Tampa, FL 33602	<b>■</b> Authorized	Irvine, CA 92612
Person		Person	
□Other		Other	Other
□Manager	Name: John C. Troutman	□Manager	Name: Dawn M. Lemons
□Member	Address: 3161 Michelson, Ste. 425	□Member	Address: 400 N. Ashley Dr., Ste. 1750
■Authorized	Irvine, CA 92612	■Authorized	Tampa, FL 33602
Person		Person	
Other	Other	□Other	Other
_		_	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	□Other

<u>Important Notice:</u> 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

John C. Troutman

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** 

### **EPC HOLDINGS 823 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 11/13/2013.

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.

I 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.

Issued Date: 03/29/2024 UBI Number: 603 349 750

tu R Hobbie

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

Steve R. Hobbs, Secretary of State

Date Issued: 03-29-2024