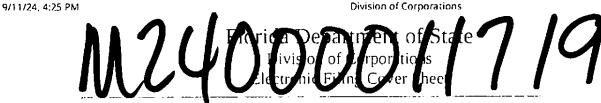
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Division of Corporations



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To:

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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Foreign Limited Liability Company EPIC-LOGUE LLC

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

IN COMPLANCE WITH SECTION 6050502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

dia anno mandrida di contro di contro	name adopted for the purpose of transacting business in Fl	lands. The degrade of	rame was trachide "I mutod I rability Canina	m. ""! (' "or "	
WY	name anopied to: the putpose of transacting rusiness in th		713719	M. 1211.C. W 1.1	
2.		3. (FEI number, if applicable)			
thinsdiction under the law of w	luch foreign limited liability company is organized)		(Ен пшивст, и аррысав	ie;	
4	(Date first transacted business in Florida, if prior to (See sections 60) 1904 & 605 (900), ES to determ	registration)			
	(See sections 605/1904/& 605/0905, F.S. to determ	me penatty hability)			
		4th St N STE 300			
2. Street Address of Principal Office)		O,	lading Address)		
St. Petersburg, FL 33702		St. P	St. Petersburg, FL 33702		
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)	2024 SEP	
Name:	Registered Agents Inc			Р —	
Office Address.	7901 4TH ST N STE 300			PH L:	
	ST. PETERSBURG		33702 , Florida	32	
	(City)		(Zip code)		

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 synatures _____

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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: Name and Address: Title or Capacity: Name: Gordon, Robert Name: □ Manager □ Manager **■** Member Address: ☐ Member Address: 7512 DR. PHILLIPS BLVD SUITE 806 □ Authorized □ Authorized Orlando, FL 32819 Person Person □Other____ Other_____ □ Other □Other ∐Manager Name: □ Manager Name: Address: Address: □Member □Member □Authorized □ Authorized Person Person Other_ □Other_____ □Other □Other____ Name: LJManager. Name: _____ LI Manager Address: Address: _____ □ Member □Member □ Authorized □Authorized Person Person □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.

Typed or printed name of signee

Robin Jones

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Epic-Logue LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 28**, **2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001513233**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of September, 2024 at 9:44 AM. This certificate is assigned ID Number 076157124.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.