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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

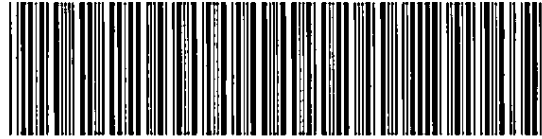
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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K. SALY  
JUL 27 2022



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 07/26/2022

Name: Greg Pintacuda

Reference #: 1745070

Entity Name: EDSA INVESTMENTS LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

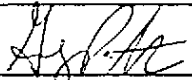
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$125

Signature: 

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. EDSA Investments 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.")

2. Wisconsin 3. 86-2771631  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Not applicable.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 16036 Valley Meadow Place 6. 16036 Valley Meadow Place  
(Street Address of Principal Office) (Mailing Address)  
Encino, CA 91436  
c/o Alexander Frid

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(City) (Zip code)

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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.

Colleen Humes  
(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]:


| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>          | <u>Title or Capacity:</u>            | <u>Name and Address:</u> |
|---|-----------------------------------|--------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Alexander Sasha Frid</u> | <input type="checkbox"/> Manager     | Name: _____              |
| <input type="checkbox"/> Member             | Address: _____                    | <input type="checkbox"/> Member      | Address: _____           |
| <input type="checkbox"/> Authorized         | <u>16036 Valley Meadow Place</u>  | <input type="checkbox"/> Authorized  | _____                    |
| Person                                      | <u>Encino, CA 91436</u>           | Person                               | _____                    |
| <input type="checkbox"/> Other _____        | Other _____                       | <input type="checkbox"/> Other _____ | Other _____              |
| <input type="checkbox"/> Manager            | Name: _____                       | <input type="checkbox"/> Manager     | Name: _____              |
| <input type="checkbox"/> Member             | Address: _____                    | <input type="checkbox"/> Member      | Address: _____           |
| <input type="checkbox"/> Authorized         | _____                             | <input type="checkbox"/> Authorized  | _____                    |
| Person                                      | _____                             | Person                               | _____                    |
| <input type="checkbox"/> Other _____        | Other _____                       | <input type="checkbox"/> Other _____ | Other _____              |
| <input type="checkbox"/> Manager            | Name: _____                       | <input type="checkbox"/> Manager     | Name: _____              |
| <input type="checkbox"/> Member             | Address: _____                    | <input type="checkbox"/> Member      | Address: _____           |
| <input type="checkbox"/> Authorized         | _____                             | <input type="checkbox"/> Authorized  | _____                    |
| Person                                      | _____                             | Person                               | _____                    |
| <input type="checkbox"/> Other _____        | Other _____                       | <input type="checkbox"/> Other _____ | Other _____              |

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Important Notice: 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

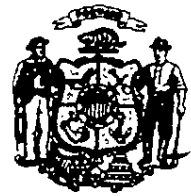
Alexander Sasha Frid

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Michelle Y. Knuese, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**EDSA INVESTMENTS LLC**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 05, 2021.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 26, 2022.

A handwritten signature in black ink, appearing to read 'Michelle Y. Knuese'.

MICHELLE Y. KNUESE, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

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