

A19000000488

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2019 OCT 23 PM 2:37

To:

Division of Corporations
Fax Number (850)617-6383

From:

Account Name : HTG UNITED, LLC
Account Number : I20190000094
Phone : (305)860-8188
Fax Number : (305)639-8427

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: glendab@htgf.com

FLORIDA/FOREIGN LP/LLP HTG EDGEWOOD, LTD

Certificate of Status	1
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Page Count	03
Estimated Charge	\$1,008.75

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OCT 24 2019



October 23, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HTG UNITED, LLC

SUBJECT: HTG EDGEWOOD, LTD
REF: W19000094164

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A consent form is needed to process this document.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

FAX Aud. #: H19000312530
Letter Number: 119A00021886

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OFFICE
SECRET

October 23, 2019

VIA FAX

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314
Attention: Tacarri K Glass
Regulatory Specialist II

RE: HTG Edgewood, LTD and HTG Edgewood, LLC same principals

REF: W19000094164


Letter Number: 119A00021886

FAX Aud. #: H19000312530

To whom it may concern:

The purpose of this letter is to serve as confirmation that the principals of HTG Edgewood, LTD (Limited Partnership) and HTG Edgewood, LLC (Limited Liability Company) are the same. Please complete the filing for document W19000094164 (for HTG Edgewood, LTD) so that it may be used.

Sincerely,
HTG Edgewood, LLC


Matthew Rieger, Manager

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

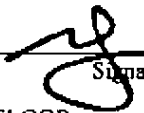
1. HTG EDGEWOOD, LTD
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 3225 AVIATION AVE, 6TH FLOOR
(Street address of initial designated office)
COCONUT GROVE, FL 33133

3. MATTHEW RIEGER, P.A.
(Name of Registered Agent for Service of Process)

4. 3225 AVIATION AVE, 6TH FLOOR
(Florida street address for Registered Agent)
COCONUT GROVE, FL 33133

5. *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.*



Signature of Registered Agent

6. 3225 AVIATION AVE, 6TH FLOOR
(Mailing address of initial designated office)
COCONUT GROVE, FL 33133

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

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8. Name and business address of each general partner:

Name:

Business Address:

MATTHEW A. RIEGER

3225 AVIATION AVE, 6TH FLOOR

COCONUT GROVE, FL 33133

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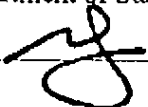
9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 22 day of OCTOBER, 2019

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.



Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
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