

L05000004463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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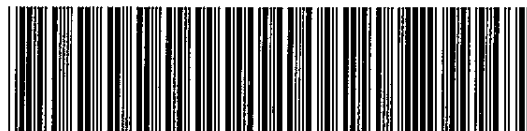
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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J. BRYAN JAN 14 2005

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2005 JAN 14 PM 12:56
TALLAHASSEE, FLORIDA

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

Edals LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report



Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent



Certified Copy

☐ Photo Copies

☐ Certificate Under Seal



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Verifier

Acknowledgment

WP Verifier

Empire Toll Free: 1-800-432-3028

ARTICLE I - Name:

The name of the Limited Liability Company is:

EDALS LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

7 Brighton Ct-
Palm Beach Gardens, FL 33418**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

VICKI L. SLADE

Name

7 BRIGHTON CTFlorida street address (P.O. Box **NOT** acceptable)PALM BEACH GARDENS FL 33418

City, State, and Zip

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as provided for in Chapter 608, F.S.

Vicki L. Slade

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Vicki L. Slade

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

VICKI L. SLADE

Typed or printed name of signor

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

TOTAL P.02

TOTAL P.03