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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Edgewater Property and Realty, LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Ferguson
Name of Person
Edgewater Property and Realty, LLC
Firm/Company
4769 SE Rocky Point Way
Address
Stuart, FL 34997
City/State and Zip Code
mferg24@yahoo.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Michael Ferguson Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Status Status Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Edgewater Pro	operty and Realty, LLC
(Must end with the word	ds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4769 SE Rocky Point Way	4769 SE Rocky Point Way
Stuart, FL 34997	Stuart, FL 34997
another business entity with an active Florida The name and the Florida street address of the Micha 4769 SE Rocky F	e registered agent are: ael Ferguson Name
Stuart	_{FL} 34997
City	· · · · · · · · · · · · · · · · · · ·
the place designated in this certificate, I he	to accept service of process for the above stated limited liability company a creby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance except the obligations of my position as registered agent as provided for in

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	Michael A Fogusa
"MGR" = Manager	4769 SE Rocky Point Way
AMBR	Stuart, FL 34997
(Use attachment if necessary)	
E V: Effective date, if other than the cetive date is listed, the date must be f filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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