L15000072269

(Requestor's Name)
. (Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zipir Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

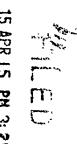
Office Use Only



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SECRETARY OF STATE



Who all

COVER LETTER

TO: Registration of	n Section Corporations		
SUBJECT: <u>Edge</u> -	90 LLC Name of Li	mited Liability Company	
	s of Organization and fee(s) a	_	
Arthur C	espondence concerning this n	latter to the following:	
		Name of Person	
Edge-9	0	Firm/Company	
		1 min Company	
<u>7662 N</u>	W 6th Avenue	Address	
Boca Ra	aton, Ft. 33487	City/State and Zip Code	
_artie@distincti	vekitchens.com E-mail address: (to be use	d for future annual report notifica	ation)
For further informati	on concerning this matter, ple	ase call:	
Donna Fay Na	at (at (561 <u>864-0142 ext. *1</u> Area Code Daytime Te	01 lephone Number
Enclosed is a check f	or the following amount:		
□ \$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ma	iling Address	Street/Courier Add	ross EG -4

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

Street/Courier Address
Registration Section

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Edge-90 LLC		
(Must end with the words "Lin	mited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:	
7662 NW 6th Avenue Boca Raton, FL 33487	7662 NW 6th Avenue Boca Raton, FL 33487	
ARTICLE III - Registered Agent, Registered Off The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist	own Registered Agent. You must ditration.)	
Arthur Canter	Vame	
	THIT I	
1217 Clint Moore Road Florida street address (P.O.	. Box NOT acceptable)	
Boca Raton	FI. 33487	
City	FL 33487 Zip	
Registered Agent's S	iccept the appointment as registered ions of all statutes relating to the properties of my position as registic chapter 605, F.S	agent and agree to act in this per and complete performance
,	INUED)	
Page	1 of 2	23



<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Arthur Canter
	1217 Clint Moore Road Boca Raton, FL 33487
	BOOS NAIGH, 1 E 00401
AMBR	Jeffrey Canter
	7662 NW 6th Avenue
	Boca Raton, FL 33487
AMBR	Adam Canter
	1217 Clint Moore Road
	Boca Raton, FL 33487
	<u> </u>
(Use attachment if necessary)	
ective date is listed, the date must I of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
REQUIRED SIGNATURE Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE Signature of (In accordance with section constitutes an affirmation I am aware that any false.)	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE Signature of (In accordance with section constitutes an affirmation I am aware that any false.)	a member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee
REQUIRED SIGNATURE Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree Arthur Cant	a member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Torganization and Designation of Registered Agent
REQUIRED SIGNATURE Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree Arthur Cant	a member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Corganization and Designation of Registered Agent