

From:

L180000073807
3/23/2018 5:49 #936 P.007005

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : COGENCY GLOBAL, INC.
Account Number : 120000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.
Edmundsson LLC

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3/22/2018

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From:

03/23/2018 15:19

#936 P.002/005



March 23, 2018

COGENCY GLOBAL, INC.

SUBJECT: EDMUNDSSON LLC
REF: W18000028448

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Division of Corporations

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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.

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Catherine M Wood
Regulatory Specialist II
New Filing Section

FAX Aud. #: R18000091993
Letter Number: 618A00005849

From:

03/23/2018 15:20

#936 P.003/005

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Edmundsson 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:

Guy A. Reiss
Name of Person
Reiss+Preuss LLP
Firm/Company
200 West 41st Street, 20th Floor
Address
New York, NY 10036
City/State and Zip Code
greiss@reisspreuss.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guy A. Reiss at (646) 731-2770
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

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

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

From:

03/23/2018 15:20

#936 P.004/005

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Edmundsson LLC

(Must contain the words "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:

c/o Reiss+Preuss LLP

200 West 41st Street, 20th Floor

New York, NY 10036

Mailing Address:

c/o Reiss+Preuss LLP

200 West 41st Street, 20th Floor

New York, NY 10036

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Cogency Global Inc.

Name

115 North Calhoun, Suite 4

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

City

State

Zip

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 registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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03/23/2018 15:20

#936 P.005/005

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Matthias Protzmann c/o MP Ventures UG

Mellingburgredder 27

22395 Hamburg, GERMANY

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

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.

Guy A. Reiss

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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