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	Account Name	: VCORP SERVICES, LLC	•	~	
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		for this business entity to be used for ngs. Enter only one email address please."		11:03	
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FLORIDA LIMITED LIABILITY CO.

Edgewood Maximus Operations LLC

Certificate of Status	0
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Page Count	03
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November 6, 2019

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FLORIDA DEPARTMENT OF STATE Division of Corporations

VCORP SERVICES, LLC

SUBJECT: EDGEWOOD OPERATIONS LLC REF: W19000097851

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

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Jalesa S Dennis Regulatory Specialist II New Filing Section FAX Aud. #: H19000326573 Letter Number: 519A00022906

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P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMPTED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Edgewood Maximus Operations 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:	Mailing Address:
1771 Edgewood Ave W	PO Box 9268
Jacksonville, FL 32208	Hickory, NC 28503

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.

Veorp Services, L	LC	
	Name	
5011 South State	Road 7, Suite 106	
Florida street addi	ress (P.O. Box <u>NOT</u> as	cceptable)
Davie	۴۱.	33314
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.,

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Registered Agent's Signature (REQUIRED) Miriam Nachison, Assistant Secretary

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Henry Stemmerz
	1285 E 23rd St
	Brooklyn NY 11210
AMBR	Vistoel Bornstein
 	61 Carasaho Ave
	Lakewood NJ 08701
(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

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 1 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. Henry Steinmetz Typed or printed name of signee Eiling Fres: \$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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