

11/12/2019

Division of Corporations

**L19000270134**

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Phone : (845)425-0077  
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**\*\*Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.\*\***

**Email Address:** statenotices@vcorpservices.com

**FLORIDA LIMITED LIABILITY CO.****Edgewood Maximus Operations LLC**

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November 6, 2019

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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FAX Aud. #: H19000326573  
Letter Number: 519A00022906

P.O. BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED 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:

1771 Edgewood Ave W  
Jacksonville, FL 32208

Mailing Address:

PO Box 9268  
Hickory, NC 28603

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:

Vcorp Services, LLC

Name

5011 South State Road 7, Suite 106

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

Davie

FL

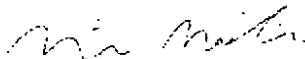
33314

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.,*



Registered Agent's Signature (REQUIRED)

Miriam Nachison, Assistant Secretary

(CONTINUED)

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