

L22 000093815



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W22-270 26

Office Use Only

2022 MAR -2 PM 4: 53
STATE
FL

2022 MAR -2 PM 3: 34

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 523322 8071995
AUTHORIZATION : *Lynne Coleman*
COST LIMIT : \$ 160.00

ORDER DATE : March 2, 2022
ORDER TIME : 2:27 PM
ORDER NO. : 523322-005
CUSTOMER NO: 8071995

DOMESTIC FILING

NAME: EDGE REALTY PARTNERS, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XXX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker - EXT.

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2022

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: EDGE REALTY PARTNERS, LLC
Ref. Number: W22000027026

We have received your document for EDGE REALTY PARTNERS, LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

The registered agent designated must be an active Florida entity or a foreign
entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6052.

Carlos E Rico
Regulatory Specialist III

Letter Number: 222A00005171

2022 MAR 7 PM 3:28

2022 MAR -7 PM 3:28

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 MAR -2 PM 4:53

Edge Realty Partners, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

STATE OF FLORIDA
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

Wessex LLC
2107 St. Georges Avenue
Rahway, NJ 07065

Edge Realty Partners, LLC
PO Box 356
Marlboro, NJ 07746

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:

Epstein Becker & Green, P.C., Inc.
Name

1 Beach Drive SE Ste. 303
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg FL 33701
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..

Epstein Becker & Green, P.C.
By 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Daniel Sawicki
Wessex Ltd.
2107 St. Georges Avenue, Rahway, NJ 07065

MGR

Thomas Boyle
Wessex Ltd.
PO Box 356, Marlboro, NJ 07746

DEPARTMENT OF STATE
TREASURY
HALL
TALLAHASSEE, FL

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FILED

(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:

Tom Boyle

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.

Thomas Boyle

Typed or printed name of signee

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)