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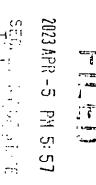
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

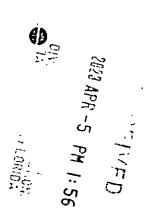
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DATE: 04/05/23

NAME: EDGEWATER ONE REAL ESTATE, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	Edgewater One Real Estate, LL.	C	
SUBJECT	Name of Li	mited Liability Company	
The enclose	ed Articles of Organization and fee(s) a	are submitted for filing.	
Please retur	rn all correspondence concerning this n	natter to the following:	
	Daniel Nault		
		Name of Person	
	Edgewater One International Real	y,	
		Firm/Company	
	1717 North Bayshore Drive, Suite 11	1	
		Address	
	Miami, FL, 33132		
	DNAULT@edgewaterone.com	City/State and Zip Code	
<u>-</u>	E-mail address: (to be use	d for future annual report notificati	on)
or further in	nformation concerning this matter, plea	se call:	
	Daniel Nault	(305) 523-3336	
·	Name of Person	Area Code Daytime Telephon	e Number
Enclosed is	a check for the following amount:		
₹3\$125.00	Filing Fee Status 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	Street Address	
	New Filing Section Division of Corporations	New Filing Section Di The Centre of Tallaha	
	P.O. Box 6327	2415 N. Monroe Stree	et. Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 3230.	3

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	Edgewater One Real Estate, LLC				
•	(Must contain the words "Limited Liab	oility Company,	"L.L.C.," or "LLC.")	_	
	E II - Address: ng address and street address of the principal office	e of the Limited	Liability Company is:		
	Principal Office Address:	<u>Mailing Address:</u> 1717 North Bayshore Drive, Suite 111			
	1717 North Bayshore Drive, Suite 111				
			Miami, FL 33132		
(The Limit	Miami, FL 33132 E III - Registered Agent, Registered Office, & Red Liability Company cannot serve as its own Regusiness entity with an active Florida registration.)	Registered Ager	it's Signature:	2023 APR -	•
(The Limit another bu	E III - Registered Agent, Registered Office, & Red Liability Company cannot serve as its own Regusiness entity with an active Florida registration.) and the Florida street address of the registered age	Registered Agent. Yestered Agent. Yent are:	it's Signature:	-5 PH	
(The Limit another bu	E III - Registered Agent, Registered Office, & Red Liability Company cannot serve as its own Regusiness entity with an active Florida registration.) and the Florida street address of the registered age	Registered Agent. Yestered Agent. Yent are:	it's Signature:	-5 PH 5:	,
(The Limit another bu	E III - Registered Agent, Registered Office, & Red Liability Company cannot serve as its own Regusiness entity with an active Florida registration.) and the Florida street address of the registered age	Registered Agent. Yestered Agent. Yestered Agent. Yestered are:	it's Signature:	-5 PH	,
(The Limit another bu	E III - Registered Agent, Registered Office, & Red Liability Company cannot serve as its own Regusiness entity with an active Florida registration.) and the Florida street address of the registered age Jonathan Leder, Pl	Registered Agent, Yent are: LLC ame rard Suite 502	it's Signature:	-5 PH 5:	,
(The Limit another bu	E III - Registered Agent, Registered Office, & Red Liability Company cannot serve as its own Regusiness entity with an active Florida registration.) and the Florida street address of the registered age Jonathan Leder, Plorida Serve Serv	Registered Agent, Yent are: LLC ame rard Suite 502	it's Signature:	-5 PH 5:	,

H 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.

Jonathan Uder
Registered Agent 8 Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
Manager	Daniel Nault	
	1717 N. Bayshore Dr. Suite 111 Miami, FL 33132	
	Wham, PL 33132	
	••••	50 5
		
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		ب د
	د. مسبب پیم	. 5
of filing.)	st be specific and cannot be more than five business days prior to	
E V: Effective date, if other than pertive date is listed, the date must filling.)	es not meet the applicable statutory filing requirements, this date w	
EV: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block do	es not meet the applicable statutory filing requirements, this date w	
E V: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block do ment's effective date on the Depart E VI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date wartment of State's records.	
E V: Effective date, if other than petive date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Depart E VI: Other provisions, if any. REQUIRED SIGNATURE:	es not meet the applicable statutory filing requirements, this date wartment of State's records. Docusigned by: Daniel Maulf	
E V: Effective date, if other than ective date is listed, the date must filling.) (the date inserted in this block doment's effective date on the Depart E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if I am aware that a	es not meet the applicable statutory filing requirements, this date wartment of State's records.	ill not be
E V: Effective date, if other than ective date is listed, the date must filling.) (the date inserted in this block doment's effective date on the Depart E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if I am aware that a	Docusioned by: David Mult of a member or an authorized representative of a member. s executed in accordance with section 605,0203 (1) (b), Florida State ny false information submitted in a document to the Department of 3.	ill not be
E V: Effective date, if other than ective date is listed, the date must filling.) (the date inserted in this block doment's effective date on the Depart E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if I am aware that a	Docusioned by: David Mulf of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Stat ny false information submitted in a document to the Department of d degree felony as provided for in s.817.155, F.S.	ill not be