Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000053340 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

D	Address:			

### Foreign Limited Liability Company Edge East Tampa, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

K. SALY EXAMINER			
MAR		201	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Edge East Tampa, LLC
41	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2.	Delaware 3.
-	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	1/24/11 5.
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
ሐ	1/24/11
٠.	(Date first transacted business in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7	2 Tower Center, 11th Floor
,,	
	East Brunswick, NJ 08816  (Street Address of Principal Office)
	(Silect Address of Allicipal Office)
8.	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	EDGE PRINCIPAL INVESTMENTS, LP
	1700 BROADWAY, 35th Fluor
	New York, NY 10019
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a station of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:
	any lawful purpose under the law of this state
	7-190-
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)  David Sass
	Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The nam	e of the Limited Liabili	ity Comp	bany is:	
Edge Bast Tar	mpa, LLC			
If unavailab	le, the alternate to be u	sed in the	e state of Florida is:	
2. The name	e and the Florida street	address	of the registered agent and office are:	
,	C T Corporation System	ភា		
			(Name)	_
	1200 South Pine Island	Road		
	Florida	Street Add	iress (P.O. Box NOT ACCEPTABLE)	<del></del>
	Plantation		FL 333324	-
			City/State/Zip	
liability compagent and ag relating to th	pany at the place design tree to act in this capaci te proper and complete p of my position as register C T Corporat	nated in things  Ty. I furth  performat  red agent  ion System	to accept service of process for the above shis certificate, I hereby accept the appoint ther agree to comply with the provisions of the appoint and I am familiar with a sas provided for in Chapter 608, Florida Societary  Connie Bryan  Aure) Assistant Secretary	ment as registered all statutes nd accept the
	S	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Agent	

# Delaware

D 3 CP 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EDGE BAST TAMPA, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4930855 8300

110235730

DATE: 02-28-11

Jeffrey W. Bullock, Secretary of State TION: 8588328

You may verify this certificate online at corp. deleware.gov/authver.shtml