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SECRETARY OF STATE
ALLAMASSEE FLORINA

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBIRCE

EDB FAMILY, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BEN DADY

Name of Person

EDBFAMILY, LLC

Firm/Company

465 BROW LAKE ROAD

Address

LOOKOUT MOUNTAIN, GA 30750

City/State and Zip Code

BENDADY@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEN DADY

.,706

398-9204

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 E D B FAMILY, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.") **TEXAS** 300079809 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) DECEMBER 2012 (Date of Organization) (Duration: Year limited liability company will cease to CHANGE OF NAME - PREVIOUSLY AS E D B TWO, LLC IN FLORIDA (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 465 BROW LAKE ROAD LOOKOUT MOUNTAIN. GA 30750 (Street Address of Principal 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: Ben Dady, 465 Brow Lake Rd, Lookout Mt, Ga 30750 Don Dady, 816 Heather Marie, Temple, Tx 76502

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)

11. Nature of business or purposes	to be conducted or promoted in Florida:	Commercial Real Estate
property rental	1 - 2 - 2	
	BH lad	

Estella Harris, 613 So Sorrel St, Ridgecrest, CA 93555

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.)

Ben L Dady

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 name of the Limited Liability Company is: EDBFAMILY, LLC			
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of	of the registered agent and office are:		
Jonathan Dady			
	(Nатьс)		
626 Heatherstor	ne Dr		
Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)		
Merritt Island	FL 32953		
	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 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John Steen Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

E D B Family, LLC File Number: 801697050

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 12/10/2012

Effective: 12/10/2012



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John Steen Secretary of State

Phone: (512) 463-5555 Prepared by: Lisa Sartin Fax: (512) 463-5709 TID: 10306 Dial: 7-1-1 for Relay Services Document: 456586770002