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Florida Department of State
Division of Corporations
Electronic Filings

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H140001024523ABCT

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ISAAC MATZ P.A., C.P.A.
Account Number : I20040000029
Phone : (305) 573-6640
Fax Number : (305) 675-6200

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**Foreign Limited Liability Company
EDPROM, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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TALLAHASSEE, FLORIDA

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ISAAC MATZ PA CPA

PAGE 02/05

4/30/2014 8:52:01 AM PAGE 1/001

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April 30, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ISAAC MATZ P.A., C.P.A.

SUBJECT: EDPROM, LLC
REF: W14000027044

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

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TALLAHASSEE, FLORIDA

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Fax Audit Number:

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COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: **EDPROM, 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:

JAY BORSKY

Name of Person

ISAAC MATZ PA

Firm/Company

2742 BISCAYNE BLVD

Address

MIAMI, FL 33137

City/State and Zip Code

JAY@MIAMI-TAXES.COM

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

For further information concerning this matter, please call:

JAY BORSKY

Name of Contact Person

at (**305**) **573-6640**

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

Prepared by:

Isaac Matz PA
2742 Biscayne Blvd
Miami, FL 33137
Tel 305-573-6640
Fax 305-675-6200

Fax Audit Number:

#140001024523

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2014 APR 30 AM 11:33
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TALLAHASSEE FLORIDA

Fax Audit Number:

H140001024523

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. **EDPROM, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **DELAWARE**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **APPLIED FOR**

(PBI number, if applicable)

4. **04/29/2014**(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. **2742 BISCAYNE BLVD****MIAMI, FL 33137**

(Street Address of Principal Office)

6. **2742 BISCAYNE BLVD****MIAMI, FL 33137**

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

GERARDO BIRKENFELD MANAGER

8. 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 oath of the translator must be submitted)

Signature of an authorized person

(In accordance with section 605.0203, 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.)

JAY BORSKY AUTHORIZED PERSON

Typed or printed name of signee

Prepared by:

Isaac Matz PA

2742 Biscayne Blvd

Miami, FL 33137

Tel 305-573-6640

Fax 305-675-6200

Fax Audit Number:

H140001024523

FILED
2014 APR 30 AM 11:30
NOTARY PUBLIC
JAY BORSKY
MIAMI, FLORIDA

Fax Audit Number:

H140001024523**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

EDPROM, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

JAY BORSKY

(Name)

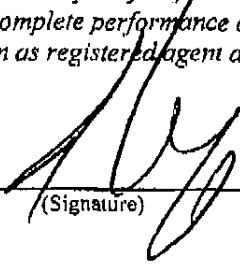
2742 BISCAYNE BLVD

Florida Street Address (P.O. Box NOT ACCEPTABLE)

MIAMIFL 33137

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 the 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, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Prepared by:
Isaac Matz PA
2742 Biscayne Blvd
Miami, FL 33137
Tel 305-573-6640
Fax 305-675-6200

Fax Audit Number:

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OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EDPROM, 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 SEVENTEENTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDPROM, LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2014.

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

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2014 APR 30 AM 11:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA



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Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 1212522

DATE: 03-17-14

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