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209 TURNER STREET CLEARWATER, FLORIDA 33756 TELEPHONE (727) 461-1702 FACSIMILE (727) 461-1764 E-MAIL: david@bryanjstanley.com

October 29, 2014

VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations Registration Section 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Edgewater Asset Management LLC

Application by Foreign Limited Liability Company for Authorization to Transact

Business in Florida

Our File No.: 50026-0005

Ladies and Gentlemen:

Enclosed herewith please find the following items related to the above-referenced matter:

- Cover letter to Registration Section, Division of Corporations;
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- Original Subsistence Certificate from the State of Pennsylvania; and
- This firm's check in the amount of \$130.00 payable to the Florida Department of State.

Following the filing of the subject application, please direct your letter acknowledging the filing of same to the undersigned. Thank you for your prompt attention to this matter.

Sincerely,

BRYAN J. STANLEY, P.A.

David R. Phillips, Esq.

DRP/kg Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

URIFICE. Edgewater Asset Management 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:

David R. Phillips, Esq.
Name of Person
Bryan J. Stanley, P.A.
Firm/Company
209 Turner Street
Address
Clearwater, FL 33756
City/State and Zip Code
david@bryanjstanley.com

For further information concerning this matter, please call:

David Phillips

..727

461-1702

Name of Contact 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Edgewater Asset Management 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 Liability Company," "L.L.C," or "LLC.")	include "Limited
, Pennsylvania 37-1749540	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
_{s.} <u>4 E. Lancaster Avenue</u>	
Paoli, PA 19301	00T 30
(Street Address of Principal Office) 6. PO Box 1655	
Doylestown, PA 18901	ψ.
(Mailing Address)	02
7. The name, title or capacity and address of the person(s) who has/have authority to manage is Robert Brier, Principal	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated having custody of records in the jurisdiction under the law of which it is organized. (A photocopacceptable. If the certificate is in a foreign language, a translation of the certificate under oath of 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 fair	py is not f the translator

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	of the Limited Liability Company is:	
Edgewa	ter Asset Management LLC	
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and office are:	
	David R. Phillips, Esq.	SED TALL
	(Name)	量与工
	209 Turner Street	30 P
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Clearwater, FL 33756 FL	3. 02 2. 02
	City/State/Zin	

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, 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)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

OCTOBER 27, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

EDGEWATER ASSET MANAGEMENT LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Care ariere

Certification Number: 12197591-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp