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Registration Section Division of Corporations

SUBJECT:	Edmar Financial	Company, 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:

Matt Edwards
Name of Person
Edmar Financial Company, LLC
Firm/Company
1935 Princess Ct.
Address
Naples, FL 34110
City/State and Zip Code
m. edwards e edmarfinancial.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Edwards

at (804 Area Code

814-6373

Name of Contact Person

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:

	alternate name adopted for the purpose of transact	ing business in Florida. The alternate nar	ne must in	clude "Limited
Liability Company," "L.L.C	•	11 1002009		
2. Virginia	3	26-2923998 (FEI number, if applicable		
	_	(PE) number, it appricable	,	
4. June 20	(Date first transacted business in Florida	if arion to registration	-	
10260	(See sections 605.0904 & 605.0905, F.S. t	o determine penalty liability)		
5. 1935 Prin			_	
Naples, Forms	L 34110			
1025 Q.	(Street Address of Principal Of	fice)	-	
5. 1938 Yaine	less ca.	 	2015	
Naples, Fl	L 34110		130 9	T. M.
	(Mailing Address)	202		stand section and of restlect common to
. Name and street addre	ess of Florida registered agent: (P.O. Box N	OT acceptable)	< 10	<u> </u>
Name:	Matt Edwards		֓֞֞֞֞֞֞֞֞֞֓֞֞֞֓֓֓֞֞֓֓֓֓֓֞֟֓֓֓֓֓֓֞֟֓֓֓֓֓֓	
Office Address:	1935 Princess Ct.		1: 32	
	Naples, FL 34110		. 5	
	(City)	, Florida <u>34110</u> (Zip code)	_	
	(City)	(Zip code)	-	
Having been named as re lesignated in this applica	(City) ptance: registered agent and to accept service of production, I hereby accept the appointment as re	(Zip code) cess for the above stated limited liable gistered agent and agree to act in th	is capacit	ty. I further ag
Having been named as re lesignated in this applica o complywith the provisi	(City) ptance: egistered agent and to accept service of proc	(Zip code) cess for the above stated limited liable gistered agent and agree to act in th	is capacit	ty. I further ag
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Having been named as relesignated in this applicate to complywith the provision accept the obligations of the name, title or cap Matt Edward Worman Edward. Attached is a certificate.	ptance: registered agent and to accept service of production, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. (Registered agent's pacity and address of the person(s) who has/hads - Manager Wards - President e of existence, no more than 90 days old, duly	cess for the above stated limited liable gistered agent and agree to act in the complete performance of my duties signature) ave authority to manage is/are:	custody o	ty. I further ag
Having been named as redesignated in this applicate to complywith the provision accept the obligations of 8. The name, title or cap Matt Edward Norman Ed	cof existence, no more than 90 days old, duly of which it is organized. (If the certificate is	cess for the above stated limited liable gistered agent and agree to act in the complete performance of my duties signature) ave authority to manage is/are:	custody o	ty. I further ag

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Matt Edwards

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State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Edmar Financial Company, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is July 8, 2008; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: October 12, 2015

Joel H. Peck, Clerk of the Commission

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