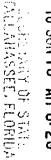
1416000004913

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Z _I p/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						





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W16-43674



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2016

CORPORATION SERVICE COMPANY MELISSA ZENDER

Please give original submission date as file date.

SUBJECT: EDGECONNEX MIAMI HOLDINGS II LLC

Ref. Number: W16000043674

We have received your document for EDGECONNEX MIAMI HOLDINGS II LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson(AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 016A00012739

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 180176 7938645

AUTHORIZATION : Speed to the second

COST LIMIT : \$ 160.00

ORDER DATE: June 14, 2016

ORDER TIME : 3:01 PM

ORDER NO. : 180176-005

CUSTOMER NO: 7938645

FOREIGN FILINGS

NAME: EDGECONNEX MIAMI HOLDINGS II

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

____ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	DS			•			
SUBJECT:	Edgeconnex Miami Holdings II LLC Name of Limited Liability Company							
SCOULCY.								
The enclosed Existence, as	d "Application by For nd check are submitte	reign Limited Liability Comp ed to register the above refer	oany for Authoriza enced foreign limi	ation to Tra ted liability	unsact Business in Florida,' y company to transact busi	' Certificate of ness in Florida		
Please return	all correspondence o	concerning this matter to the	following:					
	Kevin McHugh	ı				-		
		Name of Person						
	Edgeconnex In	c						
	Firm/Company							
2201 Cooperative Way								
Address								
	Herndon, VA 2017I							
		City/S	tate and Zip Code	;		•		
	ap@edgeconnex	.com						
	 	E-mail address: (to be used	for future annua	l report not	ification)	-		
For further is	nformation concernin	g this matter, please call:						
Ke	vin McHugh		919'	349 937	78			
	Name o	of Contact Person	Area Code	Day	rtime 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						
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	_	■ \$160.00 Filing Fee, C of Status & Certified Co			

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:

Ledgeconnex Miami Hol	dings II LLC						
(Name of Fore	ign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "	LLC.")				
76 1111 11		of the control of the					
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose of trans or "LLC.")	acting business in Florida. The alternate name	: must include Timited				
2. DE	3. 4	Applied For					
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)					
May 2016							
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)							
5. 2201 Cooperative Way Suite 200							
Herndon, VA 20171							
	(Street Address of Principal	Office)					
6. 2201 Cooperative Way	Suite 200						
Herndon VA 20171							
	(Mailing Address)						
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)					
Name:	Corposition Service Company		53 - *				
Office Address:	1201 Hays Street						
	Tallahassee	, Florida 32301 (Zip code)	主题				
	(City)	(Zip code)	50 To				
designated in this applicate to complywith the provision	gistered agent and to accept service of p tion, I hereby accept the appointment as	process for the above stated limited liabilist registered agent and agree to act in this and complete performance of my duties, DUNUK Florities signature)	s capacity. I further agree and I am familtar with and				
8. The name, title or caps	acity and address of the person(s) who ha	s/have authority to manage is/are:	•				
Joesph Harar 22	101 Cooperative way	Heradon VA 20171	- Member				
Edmund Wilson 3	201 Cooperative wa	Herndon Va 2017/ ay Herndon VA 20 ay Herndon Va 20	171- Member				
Randall Brouckman	201 Coperative w	my Herndon Va 20.	17/ Marber				
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organized. (If the certificat	duly authenticated by the official having on the is in a foreign language, a translation of the control of the	custody of records in the the certificate under oath				
This downward is seen as it	•	•	u folce information				
submitted in a document to	o the Department of State constitutes a th) (b), Florida Statutes. I am aware that any ird degree felony as provided for in s.817	.155, F.S.				
	Joseph Harar		_				
	Typed or printed n	ame of signee					

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EDGECONNEX MIAMI HOLDINGS II, 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 FOURTEENTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDGECONNEX MIAMI HOLDINGS II, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202491658

Date: 06-14-16

6043707 8300 SR# 20164460430