

M16000010183

(Requestor's Name)

(Address)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

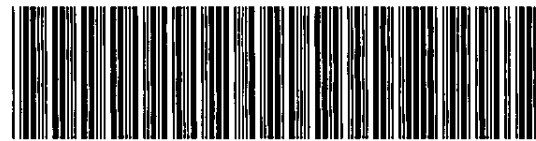
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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ALLIANCE, FLORIDA

**CITIZENSHIP**

DEC 20 1966

Y SULKER

~~CONF 60894~~



November 29, 2016

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

Re: EDGEWATER SPIRIT LLC

Please find attached application to register the above reference Company to transact business in Florida.

We are also enclosing check for \$125.00 to cover for the Filing Fee.

Kindly contact me any questions.

Best regards,

A handwritten signature in black ink, appearing to read "Marta Novick", with a long, sweeping horizontal line extending from the end of the signature.

Marta Novick  
Operations Manager  
954-315-9386  
[mnovick@consimllc.com](mailto:mnovick@consimllc.com)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EDGEWATER SPIRIT 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:

MARTA NOVICK

\_\_\_\_\_  
Name of Person

CONSILIUM INVESTMENT MANAGEMENT LLC

\_\_\_\_\_  
Firm/Company

3101 N FEDERAL HWY, SUITE 502

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33306

\_\_\_\_\_  
City/State and Zip Code

mnovick@consimllc.com

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

For further information concerning this matter, please call:

Marta Novick

954

315-9386

at ( )

\_\_\_\_\_  
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:

1. EDGEWATER SPIRITS 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 3. 81-3784579  
(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)

5. 3101 N FEDERAL HWY, SUITE 502  
FORT LAUDERDALE, FL 33306  
(Street Address of Principal Office)

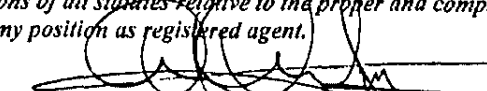
6. SAME ABOVE  
\_\_\_\_\_  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CHARLES T. CASSEL III  
Office Address: 3101 N FEDERAL HWY, SUITE 502  
FORT LAUDERDALE, FL, Florida 33306  
(City) (Zip code)

Registered agent's acceptance:

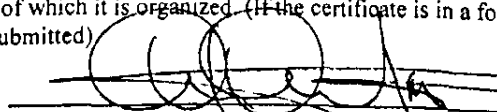
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place  
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree  
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and  
accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

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

CHARLES T. CASSEL III, AUTHORIZED PERSON  
\_\_\_\_\_  
\_\_\_\_\_

9. Attached is a 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. (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

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.

CHARLES T. CASSEL III  
Typed or printed name of signee

16 DEC 19 PM 2:01  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

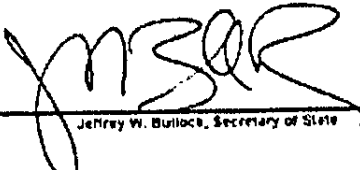
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "EDGEWATER SPIRITS 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 DECEMBER, A.D. 2016.



  
Jeffrey W. Bullock, Secretary of State

5856130 8300

SR# 20167071066

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203516932

Date: 12-14-16