

M16000005131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

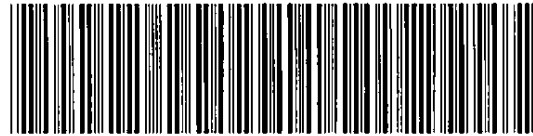
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 19 2017
J. HARRIS

Incorporating Services, Ltd.

3500 S DuPont Highway
Dover, DE 19901
302.531.0855
Fax: 302.531.3150
www.Incserv.com
e-mail: info@incserv.com

incserv

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Janice Lugo
jlugo@incserv.com
302.531.3150

REQUEST DATE 6/16/2017

PRIORITY Regular Approval

OUR REF # (Order ID#) 583386

ORDER ENTITY
EDGEWOOD, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

EDGEWOOD, LLC (FL)

File the attached foreign qualification document

Please provide a certified copy as evidence.

NOTES:

\$155.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. EDGEWOOD, 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. PENDING
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JUNE 16, 2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o CMG 6. c/o CMG
(Street Address of Principal Office) (Mailing Address)
1901 AVENUE OF THE STARS, SUITE 1100 1901 AVENUE OF THE STARS, SUITE 1100
LOS ANGELES, CA 90067 LOS ANGELES, CA 90027

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

Name: INCORPORATING SERVICES, LTD.
Office Address: 1540 GLENWAY DRIVE
TALLAHASSEE, Florida 32301
(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.

Melissa Styo
(Registered agent's signature)

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

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|--------------------------------------|---------------------------|--------------------------|
| <u>MANAGER</u> | <u>Ravinia Enterprises, LLC</u> | | |
| | <u>1901 Ave. of the Stars, #1100</u> | | |
| | <u>LA, CA 90027</u> | | |
| | | | |
| | | | |
| | | | |

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TALLAHASSEE
STATE OF FLORIDA

(Use attachments if necessary)

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)

10. 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.

Jessica Hirshon
Signature of an authorized person

JESSICA HIRSHON
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EDGEWOOD, 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 SIXTEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDGEWOOD, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2017.

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



6393801 8300

SR# 20174795799

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202723382

Date: 06-16-17