

# M18000001633

Florida Department of State  
Division of Corporations  
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ANA M SANZ

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Foreign Limited Liability Company  
Edenderry Properties LLC

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ALY SULKER

FAX AUDIT NO. H18000050890 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:1. EDENDERRY PROPERTIES 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. NEW YORK

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)5. 850 Third Ave

(Street Address of Principal Office)

13th FloorNew York NY 100226. 850 Third Ave

(Mailing Address)

13th FloorNew York NY 100227. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Interamerican Corporate Services LLCOffice Address: 2525 Ponce de Leon Blvd., Suite 1225Coral Gables

(City)

, Florida 33134

(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:

Title or Capacity:Name and Address:Title or Capacity:Name and Address:Spencer WaxmanC/o Shannon River PartnersManager850 Third Ave 13th FloorNew York, NY 10022Bettina WaxmanC/o Shannon River PartnersManager850 Third Ave 13th FloorNew York, NY 10022

(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.

Signature of authorized person

Spencer Waxman

Typed or printed name of signor

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**State of New York  
Department of State } ss:**

I hereby certify, that EDENDERRY PROPERTIES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/04/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 06th day of February  
two thousand and eighteen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

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ALBANY, NEW YORK

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February 15, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
INTERAMERICAN CORPORATE SERVICES LLC

SUBJECT: EDENDERRY PROPERTIES LLC  
REF: W18000015106

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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), Authorized Person (AP), or Authorized Representative (AR).

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H18000050890  
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