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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EDGE BIOMEDICAL 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:

SANDRA BRONTE

Name of Person

EDGE BIOMEDICAL LLC

Firm/Company

277 MALLORY STATION ROAD, SUITE 127

Address

FRANKLIN, TN 37067

City/State and Zip Code

SUPPORT@EDGEBIOMED.COM

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

For further information concerning this matter, please call:

SANDRA BRONTE

615 900-2191  
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. EDGE BIOMEDICAL, 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. STATE OF TENNESSEE 3. 814793515  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11-28-17  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

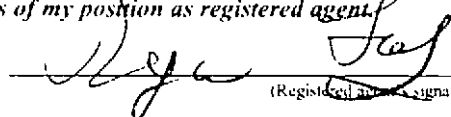
5. 277 MALLORY STATION RD, #127 6. SAME  
(Street Address of Principal Office) (Mailing Address)  
FRANKLIN TN 37067

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

Name: RYAN FOX  
Office Address: 4225 Berkshire Drive  
SARASOTA, Florida 34241  
(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)

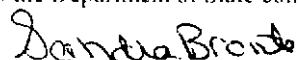
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>DIRECTOR</u>	<u>SANDRA BRONTE</u> <u>277 MALLORY STATION, #</u> <u>FRANKLIN TN 37067</u>		
<u>PRESIDENT</u>	<u>MATTHEW SPENCER</u> <u>277 MALLORY STATION#1</u> <u>FRANKLIN, TN 37067</u>		

(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 an authorized person

SANDRA BRONTE  
Typed or printed name of signee

FILED  
2018 MAR 27 PM 12:56  
DEPARTMENT OF STATE  
ALL AMBASSY, FLORIDA



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**KATLIN RYAN**  
KATLIN RYAN  
214 SECOND AVE NORTH, SUITE 300  
NASHVILLE, TN 37201

March 26, 2018

**Request Type: Certificate of Existence/Authorization**

Issuance Date: 03/26/2018

Request #: 0271297

Copies Requested: 1

**Document Receipt**

Receipt #: 003951988

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3725313290

\$20.00

**Regarding: Edge Biomedical, LLC**

Filing Type: Limited Liability Company - Domestic

Control #: 881754

Formation/Qualification Date: 01/04/2017

Date Formed: 01/04/2017

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: WILLIAMSON COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Edge Biomedical, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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