

M18000004527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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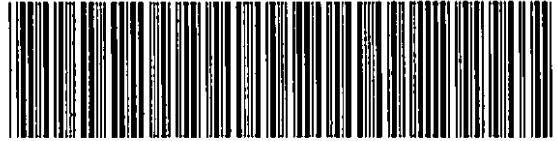
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32310

2018 MAY -7 PM 3:19

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B FIGUEROA

MAY 10 2018

**KLITZMAN LAW GROUP, PLLC**

1401 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FLORIDA 33323

LAWRENCE S. KLITZMAN  
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May 9, 2018

Florida Dept. of State  
Division of Corporations  
ATTN: BRITTANY FIGUEROA  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Water's Edge Dermatology Global, LLC**  
**Ref. No.: W18000039437**  
**Letter No.: 918A00008632**

**Water's Edge Class V, LLC**  
**Ref. No.: W18000039441**  
**Letter No.: 518A00008633**

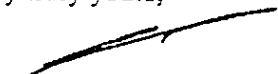
Dear Ms. Figueroa:

Pursuant to your letters (reference numbers indicated above and copies enclosed) dated April 26, 2018 regarding the above-referenced LLC's, enclosed please find our Applications by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Each application has been appropriately signed by the Registered Agent.

It is our understanding that you are holding the checks we previously submitted for the filing fees for this transaction.

Thank you for your assistance.

Very truly yours,



Lawrence S. Klitzman, Esq.

LSK/ral

Enclosures

**RECEIVED**  
MAY 07 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2018

LAWRENCE S KLITZMAN  
PO BOX 267430  
WESTON, FL 33326

SUBJECT: WATER'S EDGE CLASS V, LLC  
Ref. Number: W18000039441

We have received your document for WATER'S EDGE CLASS V, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 518A00008633

850 245 6030  
att: 1

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. Water's Edge Class V, 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. Wyoming

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

3. 82-0667160

(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. 600 VILLAGE SQUARE CROSSING #101

(Street Address of Principal Office)

PALM BEACH GARDENS, FL 33410

6. 600 Village Square Crossing #101

(Mailing Address)

Palm Beach Gardens, FL 33410

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

Name: Lawrence S. Klitzman

Office Address: 1301 International Parkway, Suite 120

Sunrise

(City)

, Florida 33323

(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:

MGR

WED Management, LLC

600 VILLAGE SQUARE CROSSING #101

Palm Beach Gardens, FL 33410

(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

Lawrence S. Klitzman, authorized signatory

Typed or printed name of signer

FILED  
2010 MAY -7 PM 3:19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Water's Edge Class V, LLC**

is a


**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **December 19, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000736100**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of May, 2013 at 9:10 AM. This certificate is assigned 026410019.



  
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.