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MI SEP 17 P 2: 11

### COVER LETTER

SHRIFCT.	EdgeStrat Internat	ional LLC				
SUBJECT:			of Limited Liability	Company		<del></del>
		eign Limited Liability Cord to register the above ref				
Please return	all correspondence o	concerning this matter to the	he following:			
	Theodore A. H	łartz				
			Name of Person			
	EdgeStrat Inte	ernational LLC				7
			Firm/Company			-152 152
	4150 South A	tlantic Ave., 127D				_
			Address			_
	New Smyrna I	Beach, FL 32169				
		City	/State and Zip Cod	e		_
	ted@edgestrat.	com				
		E-mail address: (to be us	sed for future annua	al report no	tification)	_
For further in	formation concernin	g this matter, please call:				
The	odore A. Hartz		610 at (	587-54	189	
	Name o	of Contact Person	Area Cod	e Day	rtime Telephone Number	
Divi: Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount:  \$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified Copy		■ \$160.00 Filing Fee, of Status & Certified C	

### 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:

(Name of Poleign	Limited Liability Company: must include "Limite	ed Chability	y Company," "L.L.C.," or "LLC.")			
name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	rida. The al	Iternate name must include "Limited Liab	ility Compan	v," "L.L.C,"	or "1.I.C.")
Commonwealth of Pe			68-0614778			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI numb	er, if applicab	ole)	
N/A - No transaction	e in Fl					
THE THE GAINSACTION	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration	Ŋ.,,	<del></del>		
15 Trobar Bloop	(See sections 605,0904 & 605,0905, F.S. to determi			70		
15 Trebor Place (Street Address of I	Principal Office)	6.	4150 S. Atlantic Ave., 12	css)		
Wyomissing, PA 196	•		New Smyrna Beach, FL 3			
	<del></del>				:2	~~
					-0	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)		i	
	Business Filings Incorporated		•	· .	ī	, , ‡
Name:	Dadinios I liligo incorporated		<del></del>		12	
Office Address:	1200 South Pine Island Road				ÇE.	
	Plantation,		, Florida 33324			
	(City)		, riorida (Zip code	<del></del> -		
comply with the provis	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's (Registered agent's agent agent's agent's agent agent's agent a	s registe and co	••	in this ca <sub>i</sub>	pacity. I	further o
comply with the provision accept the obligation  The name, title or caps	ition, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's acity and address of the person(s) who have	s register and consistence signature)	ered agent and agree to act to mplete performance of my a	in this ca <sub>l</sub> luties, an	pacity. I d I am fa	further a miliar w
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The name, title or cap: Title or Capacity: Mr.  Jes attachments if neces Attached is a certificate risdiction under the law the translator must be s. This document is exec	acity and address of the person(s) who has a Name and Address:  Theodore Hartz 4150.South	signature) as/have a  duly audie is in a	authority to manage is/are: itle or Capacity: res.  thenticated by the official har foreign language, a translati	Name:	and Add	ress:
The name, title or cap: Title or Capacity: Mr.  See attachments if neces Attached is a certificate risdiction under the law the translator must be s. This document is executed.	acity and address of the person(s) who has a Name and Address:  Theodore Hartz 4150.South	signature) as/have a  duly audie is in a	authority to manage is/are: itle or Capacity: res.  thenticated by the official har foreign language, a translati	Name:	and Add	ress:

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Edge Strat (Name of Foreign Limite	SINTHE STATE OF FLORIDA:  The cito cito cito di Liability Company; must include "Li	mited Liability Company,	""[LLC.," or "LLC."	<del></del>	
(If name unavailable, enter alternate name ado	i control de la	- their the should be a		hiting Converse " "!	1 C 7 or "[1 C "]
(If name unavzilable, erder alternate name add	pted for the purpose of transacting business i			ionty company,	LC, in Care.
(Jurisdiction under the law of which fore	ign limited liability company is organized)	3	(FEI our	iber, if applicable)	<del></del> _
4.					
(I	Date first transacted business in Florida, if pri- ice sections 605.0904 & 605.0905, F.S. to de	or to registration.) termine penalty liability)			m 2
5.		6			
(Street Address of Principal	Office)	<del></del>	(Meiling Ado	dress)	· 5 :
<u> </u>		<del></del>			<del></del>
					<del></del>
7. Name and <u>street address</u> of F	Horida registered agent: (P.O. I	Box NOT acceptable	;)		י ט י
₽	· • • • • • • • • • • • • • • • • • • •	Incormate	1		3
Name: DC			ت		<b></b>
Office Address: 12	00 S. Pine Island	Rd.		· · ·	
p	hintertian	, I	: <sub>Torida</sub> <u>3332</u>	<u>24</u>	
Registered agent's acceptance	(City)		(Zip co	de)	
<b>M</b>	Ata Ban As	54. See, Bli	sinos til	ings Inc	arpareted
8. The name, title or capacity a Title or Capacity:	and address of the person(s) who Name and Address:	o has/have authority <u>Title or Ca</u>		Name and	Address:
	•				<del></del>
		_ <del>_</del>		<u>-</u>	
			<del></del>		
(Use attachments if necessary)					
). Attached is a certificate of ex	istence no more than 90 days o	old duly authenticate	d by the official b	aving custody o	of records in the
jurisdiction under the law of who of the translator must be submit	ich it is organized. (If the certif	icate is in a foreign l	anguage, a transla	tion of the certi	ficate under oath
10. This document is executed is submitted in a document to the I	n accordance with section 605.0 Department of State constitutes	0203 (1) (b), Florida a third degree felony	Statutes. I am awa as provided for in	are that any falso as.817.155, F.S	information
	Sign	abore of an authorized person			
	Tyc	ned or printed name of signor			

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/04/2018

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### **EDGESTRAT INTERNATIONAL LLC**

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE COATO

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

. .

Acting Secretary of the Commonwealth

Certification Number: TSC180904191795-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify