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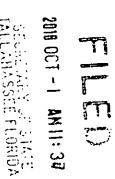
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COVER LETTER

TO:

	Registration Section Division of Corporation	s						
SUBJEC	Edgewood Property	Owner, LLC						
00110110		Name of I	Limited Liability C	`ompany	-			
The enclo Existence	sed "Application by For , and check are submitted	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	insact Business in F company to transa	Florida," (act busine	Certifica ss in Flo	ate of orida.
Please ret	urn all correspondence c	oncerning this matter to the	following:					
•	Kevin S. Gross	feld, Esq.						
		Na	ame of Person					
	Saul Ewing Arr	astein & Lehr, LLP						
		Fi	rm/Company			_		
	200 S. Biscayno	Blvd. Suite 3600						
	-		Address					
	Miami, FL 331.	31						
		City/S	tate and Zip Code			200	1905 1905	
	kevin.grossfeld@	saul.com				10	2018 OCT	
		E-mail address: (to be used	for future annual	report not	ification)	15 A	<u> </u>	Person
For furthe	er information concerning	g this matter, please call:					~	
	Georgina Mora		305 at (428-46	65	101	Z ::	
•	Name o	f Contact Person	Area Code	Day	time Telephone Nu	ımber;	31	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding recutive Center Circl see, FL 32301	le		
	is a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	□ \$160.00 Filing of Status & Certi			

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

IN CONTRAINCE OFFICE SECTION OR ONLY FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY. COMPANY TO TRANSPORT BUSINESS IN THE STATE OF FLORIDA.

esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I farthe comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar ad accept the obligations of my position as registered agent. (Reputer) with a suprance.	(Date for transported beating in Florida, if prior is regionals.) (Date for transported beating in Florida, if prior is regionals.) (Served Adress of Photopal Subset) 3rd Floor Brooklyn, NY 11210 Brooklyn, NY 11210 Name: (Sevin S. Grossfeld, Esq. Office Address: 200 S. Biscayne Blvd. Suite 3600 Miami (Cig) (Cig
(Date fast transacted beaman in Florida, if prior is registration) (See retains 600 000 & 600 000), i.s. to determine penalty liability) 2329 Nostrand Avenue (Stron Address of Phoripal Odler) 3rd Floor Brooklyn, NY 11210 Brooklyn, NY 11210 Brooklyn, NY 11210 Name: Kevin S. Grossfeld, Esq. Office Address: 200 S. Biscayne Blva, Suite 3600 Miami (Cip) (Cip	(Date fort transport bearest in Pleads, if poor is regionation) (See scalini, 608 00-12 & 608 00-12 & independing database) 2329 Nostrand Avenue (Stand Advenue) (Stand Adven
(Date for transcried bearings in Florida; if prior is registration.) 2329 Nostrand Avenue (Street Address of Principal Other) 3rd Floor Brooklyn, NY 11210 Brooklyn, NY 11210 Brooklyn, NY 11210 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kevin S. Grossfeld, Esq. Office Address: 200 S. Biscayne Blvd, Suite 3600 Miami (Chy) (Ch	(Date for transacted bearing in Plotteds if process regionals a) See scaling 605 0908 & 605 0908 & 605 0909 & 6 0
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Stack Address of Principal Officer Std Floor Std Floor	Steel Address Steel Addres
State Address of Panipal Orders Brooklyn, NY 11210 Stat Floor Brooklyn, NY 11210 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kevin S. Grossfeld, Esq. Office Address: Office Address: Office agent's acceptance: aving been named as registered agent and to accept vervice of process for the above stated limited liability company at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar ad accept the obligations of my position as registered agent. (Registers) word's agreement.	Stabling Address Stabling Address Stabling Address
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kevin S. Grossfeld, Esq. Office Address: 200 S. Biscayne Blvd, Suite 3600 Miami Florida 33131 (Cip) (Ci	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kevin S. Grossfeld, Esq. Office Address: 200 S. Biscayne Blvd, Suite 3600 Miami , Florida 33131 (Cip) (
Name: Kevin S. Grossfeld, Esq. Office Address: 200 S. Biscayne Blvd. Suite 3600 Miami Florida (Cip)	Name: Kevin S. Grossfeld, Esq. Office Address: 200 S. Biscayne Blvd, Suite 3600 Miami Florida 33131 (Cig) (Cig) (Jag toda) registered agent's acceptance: aving been named as registered agent and to accept vervice of process for the above stated limited liability company at the psignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent. The name, title or capacity and address of the person(s) ho has/have authority to manage is/arc.
Name: Kevin S. Grossfeld, Esq. Office Address: 200 S. Biscayne Blvd, Suite 3600 Miami Florida 33131 (City) (City) (City) (Increased agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the estignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.	Name: Kevin S. Grossfeld, Esq. Office Address: 200 S. Biscayne Blvd. Suite 3600 Miami Florida 33131 (Cip)
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Title or Capacity: Name and Address: Title or Capacity: Same and Address:	
MGR Aaron Kurlansky	
2329 Nostand Ave 3'dfu	2329 NOSTrand Ave 3rdfu
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2:51	
<u></u>	
Use attachments if necessary)	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EDGEWOOD PROPERTY OWNER, 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2018.

Authentication: 203505147

Date: 09-27-18

7076373 8300 SR# 20186868005