

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**M22000018320**

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)900-2290

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: managedreports@incorp.com

2022 DEC -8 AM 6:33

**Foreign Limited Liability Company  
EDX MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2022 DEC -8 PM 2:50

APPROVED  
AND  
FILED

((H22000412797 3)))

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: EDX MANAGEMENT, 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:

Jaycie Howard

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Parkway, Suite 500S

Address

Las Vegas, Nevada 89169-6014

City/State and Zip Code

managedreports@incorp.com

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

For further information concerning this matter, please call:

Jaycie Howard for InCorp Services, Inc.

Name of Contact Person

( 702 )

Area Code

866 - 2500

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. **EDX MANAGEMENT, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC, Y")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC, Y")

2. **New Jersey**

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

3.

(If applicable, applicable)

4. **Upon Registration**

(Date first transacted business in Florida, if prior to registration, use sections 605.003 & 605.005, F.S. to determine priority liability)

5. **4104 S. Ocean Blvd**

(Street Address of Principal Office)

6. **4104 S. Ocean Blvd**

(Mailing Address)

**Highland Beach, FL 33487**

**Highland Beach, FL 33487**

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

Name: **InCorp Services, Inc.**

Office Address: **17888 67th Court North**

**Loxahatchee**, Florida **33470**  
(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.

 **Isabel Burgos on behalf of Incorp Services, Inc.**  
(Registered agent's signature)

APPROVED  
AND  
FILED  
2022 DEC -8 PM 2:50  
CLERK OF DISTRICT COURT  
14th JUDICIAL CIRCUIT  
MIAMI, FLORIDA

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity:Name and Address:☒ ManagerName: James S Radvany☐ MemberAddress: 4104 S. Ocean Blvd☐ AuthorizedHighland Beach, FL 33487

Person

CFO

☒ Other☐ OtherTitle or Capacity:Name and Address:☒ ManagerName: Todd McNulty☐ MemberAddress: 344 NE 7th Street☐ AuthorizedBoca Raton, FL 33432

Person

☐ Other☐ Other☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other☐ Other☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other☐ Other☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other☐ Other☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

James S. Radvany

Signature of an authorized person

James S Radvany

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

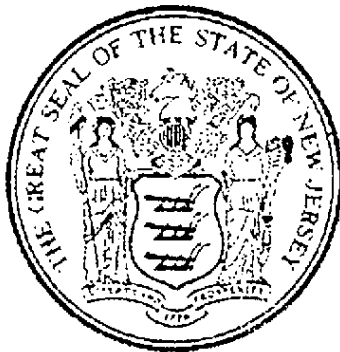
EDX MANAGEMENT, LLC  
0400521528

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 02, 2012.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

INCORP SERVICES INC  
208 WEST STATE STREET  
TRENTON, NJ 08608-1002



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 7th day of December, 2022*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number 6135335602

Verify this certificate online at

[https://www1.state.nj.us/DYTR\\_StandingCert/ISP/Verify\\_Cert.jsp](https://www1.state.nj.us/DYTR_StandingCert/ISP/Verify_Cert.jsp)