## 50000 Le432

(Req	uestor's Name)	
(Addi	ress)	
(Ädda	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



400441815234



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:01/17	7/2025		
Name: Ovid	shel Occean Jr.	<u> </u>	
Reference #:	2626027	<del></del>	
	FWF1 ED	GEWATER, LLC	2025
	acorporation/Authorization		2025 JAN 17 AN 9: 47
☐ Merger ☐ Dissolution/\ ☐ Fictitious Na			
Authorized Amount	1. \$125.00 T. Quen Jus	<del></del>	

F: +852.2682.9790

## COVERLETTER

10: New Filing Division o	g Section f Corporations						
SUBJECT:	FWF1	Edgewater,	LLC				
SOBJECT:		mited Liabilit		,		<del>_</del>	
The enclosed Articl	es of Organization and fee(s) ar	e submitted	for filing.				
Please return all cor	respondence concerning this ma	atter to the fo	ollowing:				
		Christoph	er Roy			<del>-</del>	202
		Name of	Person			i~	NVF SZOV
	F\	NF1 Edgew	ater, LLC			<u> </u>	 
		Firm/Cor	npany			Stat	11 9:
	16	348 Taylor F	Road #152	,,		111	
		Addre	ess				1,7
	P	ort Orange,	FL 32128				
	(	City/State and	i Zip Code				
	chris	@royandco	mpany.com	m			
	E-mail address: (to be used	I for future a	nnual report	notificatio	on)		
For further information	on concerning this matter, pleas	e call:					
	Christopher Roy _at (_	386	)	202-051	7		
	Name of Person A	rea Code	Daytime	Telephone	Number		
Enclosed is a check	for the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	0 Filing Fee d Copy d copy is en				us &
-	lailing Address		Street Addi				
	lew Filing Section		New Filing ! Division of		ADS.		
	Division of Corporations O. Box 6327		Clifton Buil		CIL		
	allahassee, FL 32314		2661 Execu Tallahassee	tive Center			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	FWF1 E	dgewater, LLC	
(Must contai	in the words "Limited Liab	oility Company, "L.1	C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal office	e of the Limited Liab	oility Company is:
<u>Principal</u>	1 Office Address:		Mailing Address:
1648 Tay	lor Road #152		1648 Taylor Road #152
	nge, FL 32128	<del></del>	Port Orange, FL 32128
The Limited Liability Company o	nt, Registered Office, & F	Registered Agent's S	Signature:
ARTICLE III - Registered Agen The Limited Liability Company on the business entity with an ac	nt, Registered Office, & Feannot serve as its own Registive Florida registration.)	Registered Agent's Sgistered Agent. You	Signature:
The Limited Liability Company conother business entity with an ac	nt, Registered Office, & Frannot serve as its own Registive Florida registration.)	Registered Agent's Sgistered Agent. You	Signature: [ ] must designate an individual o
The Limited Liability Company conother business entity with an ac	nt, Registered Office, & Feannot serve as its own Registive Florida registration.)  ddress of the registered age	Registered Agent's Sgistered Agent. You ent are:	Signature: [ ] must designate an individual o
The Limited Liability Company conother business entity with an ac	nt, Registered Office, & Feannot serve as its own Registive Florida registration.)  ddress of the registered age  Cog	Registered Agent's Sgistered Agent. You ent are:	Signature: must designate an individual o
The Limited Liability Company conother business entity with an ac	nt, Registered Office, & Feannot serve as its own Registive Florida registration.)  ddress of the registered age  Cog	Registered Agent's Significant Agent. You cent are:  ency Global Inc. ame Calhoun Street, Su	Signature: [] must designate an individual o
The Limited Liability Company conother business entity with an ac	nt, Registered Office, & Feannot serve as its own Registive Florida registration.)  ddress of the registered age  Cog  N:  115 North O	Registered Agent's Significant Agent. You cent are:  ency Global Inc. ame Calhoun Street, Su	Signature: [] must designate an individual o

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 certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/s/ Xavian Brown Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"MGR" = Manager MGR	Florida Wealth Fund Management, LLC
MGK	1648 Taylor Road #152
-	Port Orange, FL 32128
_	
-	
	2025
- -	
	÷:
	TS:
-	
(Use attachment if necessary)	
LE V: Effective date, if other than the date of filing:	(OPTIONAL)
ffective date is listed, the date must be specific and c of filing.)	annot be more than five business days prior to or 90 days disable statutory filing requirements, this date will not be
If the date inserted in this block does not meet the app	
If the date inserted in this block does not meet the appument's effective date on the Department of State's reLE VI: Other provisions, if any.	
If the date inserted in this block does not meet the appument's effective date on the Department of State's reLE VI: Other provisions, if any.	
If the date inserted in this block does not meet the appument's effective date on the Department of State's reLE VI: Other provisions, if any.	
If the date inserted in this block does not meet the apprument's effective date on the Department of State's related to th	a authorized representative of a member.  Idance with section 605.0203 (1) (b), Florida Statutes.  In submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a member or a  This document is executed in according aware that any false informatic constitutes a third degree felony as	a authorized representative of a member.  Idance with section 605.0203 (1) (b), Florida Statutes.  In submitted in a document to the Department of State

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)