

## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4003

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number: I19990000221 : (631)224-9004 Fax Number : (631)859-0904

AL

### LIMITED LIABILITY COMPANY

#### Plant Wave LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

# 4010000044031

#### ADDICATE OF OPCIANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE 1 - Nau The name of the Li	is: mited Liability Compai	yjs: Plant	Wave LLC	3	
ARTICLE II - Ad	dress; s and street sidress of	the principal office	of the Limited	Liability Comp	any is:
I UC Warring george	1340 K	olly Hill Roort FL 33837	<b>建</b> 位…	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	: 2
ARTICLE III - R	egistered Agent, Regi			nt's Signature:	JAN 10
	Florida street address o	_			
. '	1340 Hol		1	···	50.74Hb/
,	Fiorida stre	et address (P.O. Box )	OT acceptable) 33837	······································	00
1		City, State, and Z	ip	Bijana i seb	· · · · · · · ·
	e at the place designated and agree to not in this to the proper and comp tions of my position as	registered agent as Tred Brul	provided for in		
•	Fred Bradley	Registered Agent	a of granture		er tra
☐ The Limite	anagement (Check bo d Liability Company is nager - managed comp	my,	one manager o	e den 1999 Service Landing	and is,
_	(An additional article	D. S. L. S.			¥
⇒	(In accordance v of this document that the facts et	metable of an author ad Bradley with section 608.408(3 it constitutes an affirm and herein are true.) ad Bradley,	), Florida Statutes, etion under the per	the execution	

FILING FEES:

100.00 Wing Fee for Articles of Organization

2 25.00 Dusignation of Registered Agent

3 30.00 Cortificate of Status (OPTIONAL)

8 5.00 Cortificate of Status (OPTIONAL)

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