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## TRANSMITTAL LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Tidalwave Distributors, L	LC
Bebaret.	imited Liability Company)
(	
The enclosed Articles of Organization and	fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Ricardo A. Quintero	
(Name of Person)	
(Name of 1 erson)	
Tidalwave Distributors, LLC	
(Firm/Company)	
12200 W. Colonial dr. Suite	300K
(Address)	
Minter Carden I 2000	
Winter Garden, L. 32836	
(City/State and Zip Code	e)
For further information concerning this ma	tter, please call:
Ricardo A. Quintero	at ( 407 ) 832-1226
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

DIVISION OF CORPORATION

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name:	
The name of the Limited Liability Company	is:
Tidalwave Distributors, LLC	
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12200 W. Colonial Dr.	12200 W. Colonial Dr. Suite 3001
Winter Garden, FL. 34787	Winter Garden, FL. 34787
ARTICLE III - Registered Agent, Register	ered Office, & Registered Agent's Signature:
The name and the Florida street address of t	he registered agent are:
Ricardo A. Quintero	
N:	ame
8624 Terrace Pines	Ct

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 608, F.S..

FL 32836

Florida street address (P.O. Box NOT acceptable)

City, State, and Zip

Orlando

Registered Agent's Signature

(CONTINUED)

CONTINUED,

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## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Name and Address:

MGRM	Luigi Annese
	735 Neumann Village Ct.
	Occee, FL. 34761
MGRM	Ricardo A. Quintero
	8624 Terrace Pines Ct.
	Orlando, Fl 32836
(Use attachme	nt if necessary)
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NOTE: An a	dditional article must be added if an effective date is requested SIGNATURE:  Signature of a member or an authorized representative of a member
NOTE: An a	Signature of a member or an authorized representative of a member of this document constitutes an affirmation under the penalties of periur

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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