

L04000036039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

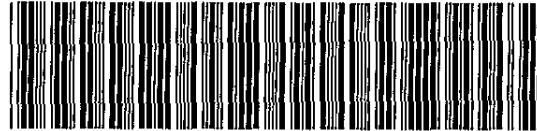
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700032439567

05/12/04--01022--010 \*\*135.00

FILED

04 MAY 12 PM 1:53

STATE  
TALLAHASSEE, FLORIDA

FILED  
04 MAY 12 PM 1:53  
STATE  
TALLAHASSEE, FLORIDA

*PK*

Charter Number Only

04 MAY 12 PM 1:53  
STATE  
TALLAHASSEE, FLORIDA

VALIDATION ONLY

Ev4 5/11/04

Requestor's Name  
Address  
City State ZIP Phone

Atlantic

CORPORATION(S) NAME

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 |  |   |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|  |  | <input type="checkbox"/> Mail Out                   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

Empire Toll Free: 1-800-432-3028

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
04 MAY 12 PM 1:53  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NEWWAVE NINE, LLC

**Article II - Address:**

The mailing address and street address of the principle office of the Limited Liability Company is:

Principal Office Address:

3360 PADDOCK RD  
WESTON FL 33331

Mailing Address:

3360 PADDOCK RD  
WESTON FL 33331

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**


The name and the Florida street address of the registered agent are:

ALBERTO MEJIA  
Name

3360 PADDOCK RD  
Florida street address (P.O. Box NOT acceptable)

WESTON FL 33331  
City, State, and Zip

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..

  
Registered Agent's Signature

**ARTICLE IV - Management / Member(s):**

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ALBERTO MEJIA

3360 Paddock Rd

WESTON FL 33331

MGRM

NELLY MEJIA

3360 Paddock Rd

WESTON FL 33331

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes,  
the execution of this document constitutes an affirmation under  
the penalties of perjury that the facts stated herein are true.)

ALBERTO MEJIA

\_\_\_\_\_  
Typed or printed name of signee