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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Big Wave LLC	
(Name of Limited	d Liability Company)
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Mark Hubbard	
()	Name of Person)
(1	Firm/Company)
150 Johne Pass Boardwalk 93	11-79th ST SOUTH
	(Address)
Madeira Beach, FL ST	PETERSBURG FL 33707 (State and Zip Code)
(City/	(State and Zip Code)
	EEB _
For further information concerning this matter, please	call:
Mark Hubbard	at (727 ) 393-1947
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	222
\$125.00 Filing Fee \$130.00 Filing Fee & 'Certificate of Status	State and Zip Code)  Call:  at (727 ) 393-1947  (Area Code & Daytime Telephone Number) 2: 22  X \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  Call:  Call:
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Co	ompany is:
•	
Big Wave LLC	
A DETICE IN A James	
ARTICLE II - Address: The mailing address and street addres	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Hubbards Marina Mank 12 150 Johns Pass Boardwalk 931 75	TENNY HUBBAND
150 Johns Pass Boardwalk 931 75	THE ST SOUTH
Madeira Beach, FL 33708 ST PETE	RS BUTC- FL 33707
ARTICLE III - Registered Agent, l	Registered Office, & Registered Agent's Signature:
The name and the Florida street addre	ess of the registered agent are:
Mark Hubbard	
	Name B 7
<del>150 Johns Pass B€</del>	Name  Name  931-79 <sup>1</sup> ST. Sou M. Sou M. Street address (P.O. Box NOT acceptable)
Flori	ida street address (P.O. Box NOT acceptable)
Madeira Beach, FL	N
	City, State, and Zip
**	The second of th

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

(CONTINUED)

Title: "MGR" = Manag "MGRM" = Man		Name and Address:		
MGRM		Mark Hubbard  150 Johns Pass Boardwalk  Madeira Boach, FL 33708  931 9375 St S.  ST. PETERSOURG FL 33707		
	<del></del>			
(Use attachment	if necessary)			
NOTE: An add	GNATURE:	added if an effective date is requested	05 FEB -3	FILE
	of this document constitute that the facts stated herei Mark Hubbard	s an affirmation under the penalties of perjury n are true.)	PM 2: 22	ED

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)