

L05000041917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

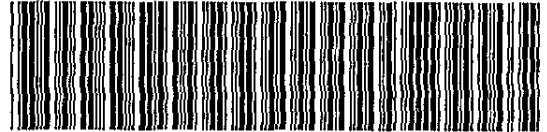
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

4/21/05

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Bluewave Capital, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

William MacBride Jr.

(Name of Person)

Bluewave Capital, LLC

(Firm/Company)

242 E. Lamb Drive

(Address)

Santa Rosa Beach, FL 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

William MacBride at (404) 315-1972

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bluewave Capital, LLC

ARTICLE II - Address:

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

Principal Office Address:

**242 E. Lamb Dr.
Santa Rosa Beach, FL 32459**

Mailing Address:

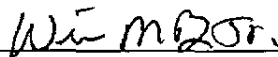
**242 E. Lamb Dr.
Santa Rosa Beach, FL 32459**

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

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

**William MacBride Jr.
242 E. Lamb Dr.
Santa Rosa Beach, FL 32459**

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)

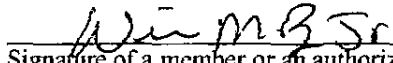
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FLORIDA

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

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

Managing Member
William MacBride Jr.
242 E. Lamb Drive
Santa Rosa Beach, FL 32459

Managing Member
Taylor Best
1075 Bluffhaven Way NE
Atlanta, GA 30319


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.)

William MacBride Jr.
Typed or printed name of signee

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)

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