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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

\_\_\_\_\_  
(Business Entity Name)

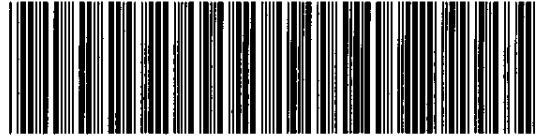
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TALLAHASSEE FLORIDA

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N. C. ~~Corrigan~~ DEC 29 2008

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ESO Blue Wave, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Faro

(Name of Person)

Faro & Associates, P.A.

(Firm/Company)

150 Cocoa Isles Boulevard, Suite 404

(Address)

Cocoa Beach, Florida 32931

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Faro

(Name of Person)

at ( 321 ) 784-8158

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION  
OF  
ESO BLUE WAVE, LLC

ARTICLE I - NAME

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TALLAHASSEE FLORIDA

The name of the limited liability company is ESO Blue Wave, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 503 N. Orlando Avenue, Suite 203, Cocoa Beach, Florida 32931.

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Faro & Associates, P.A.  
150 Cocoa Isles Blvd., Ste. 404  
Cocoa Beach, Florida 32931

*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..*



Michael Faro, President  
Faro & Associates, P.A.

REQUIRED SIGNATURE:



Michael Faro, Authorized Agent of 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.)