Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : LAZARUS CORPORATE FILING SERVICE Account Number : I2000000019

: (305)552-5973 Phone Fax Number : (305)220-1440

*Enter the email address for this business entity to be used for Lannual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. NEW WAVE INVESTORS, LLC

Certificate of Status 1 Certified Copy 0 03 Page Count

\$130.00 **Estimated Charge**

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JAN - 5 2011

EXAMINER

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Corporate Filing Menu

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H10000002592

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Mew Wave Investigation (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.	stors, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ted Liability Company is:
Principal Office Address: 7151 SW 13 ST. Niami LFL 33144.	
ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Agent, You must designate a business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Angle Suarre 2 Name 7/5/SW/3-ST Florida street address (P.O. Box NOT acceptate 1) City, State, and Zip	2011 JAN -4 AM & 32 SECRETARY OF STATE TALLAHASSEE, FLORIBI
Having been named as registered agent and to accept service of process f liability company at the place designated in this certificate, I hereby ac registered agent and agree to act in this capacity. I further agree to comp statutes relating to the proper and complete performance of my duties, a accept the obligations of my position as registered agent as provided for Registered Agent's Schutze (REQUIRED)	or the above stated limited cept the appointment as ly with the provisions of all and I am familiar with and

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

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The name and address of each Mana	ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRN	Anays Suarrez.
100 010	Miami, FL 33144.
NGRN.	TSTOY Exposito 7151 SW 13 ST Wigni, FC 33144
NG RN.	Ermes Suarrez.
	7151 SW 13 ST: 1)
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(Use attachment if necessary)	
ARTICLE V: Effective date, if other than th	e date of filing:(OPFIONAL)
If an effective date is listed, the date must	be specific and cannot be more than five business days prior
o or 90 days after the date of filing.)	SA I gas
REQUIRED SIGNATURE:	THE CO. 1
•	
8:	of an authorized representative of a member.
()	νελ //
constitutes an affirmation und I am aware that any false info	08:498(3), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true. Imparison submitted in a document to the Department of State Try as provided for in s.817.155, F.S.)
Anas	13 Suarez.
į	pped or printed name of signed
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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