

L12000046499

(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:

W12000015842

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. BRUCE

APR 04 2012

EXAMINER

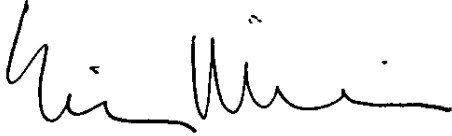
April 2, 2012

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Please find attached my revised application for an LLC per the letter from your office dated March 20, 2012. Should you have any questions, please do not hesitate to call me.

Sincerely,



Eileen Wilkins
1201 US Hwy One, Ste. 230
North Palm Beach, FL 33408
561-722-9205

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2012

EILEEN WILKINS
1201 US HWY ONE, STE 230
NORTH PALM BEACH, FL 33408

SUBJECT: BLUE WAVE DESIGN, II, LLC D/B/A BLUE WAVE DESIGN
Ref. Number: W12000015842

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TALLAHASSEE, FLORIDA

We have received your document for BLUE WAVE DESIGN, II, LLC D/B/A BLUE WAVE DESIGN and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 012A00009706

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Wave Design II, 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:

Eileen Wilkins

Name of Person

Blue Wave Design II, LLC

Firm/Company

1201 US Hwy One, Ste. 230

Address

North Palm Beach, FL 33408

City/State and Zip Code

eileen@bluewavedesign.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen Wilkins

Name of Person

at (561) 722-9205

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Wave Design, II, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1201 US Hwy One, Ste. 230
North Palm Beach, FL 33408

Mailing Address:

Same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Eileen Wilkins

Name

1201 US Hwy One, Ste. 230

Florida street address (P.O. Box **NOT** acceptable)

North Palm Beach, FL 33408

City, State, and Zip

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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 (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Eileen Wilkins

1201 US Hwy. One, Ste. 230

North Palm Beach, FL 33408

MGRM

Meghan Wilkins

1201 US Hwy. One, Ste. 230

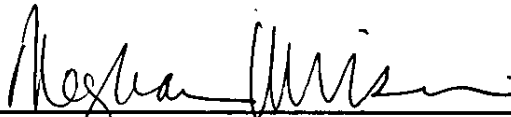
North Palm Beach, FL 33408

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

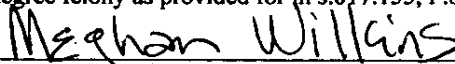
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)



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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TALLAHASSEE
FLORIDA