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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Ocean Wave Pressure Cleaning

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:

Brenton R Graber

Name of Person

Ocean Wave Pressure Cleaning LLC

Firm/Company

1524 Ingram Ave.

Address

Sarasota, FL 34232

City/State and Zip Code

brentongraber@gmail.com

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

For further information concerning this matter, please call:

Brenton R Graber

...941

544 - 9625

Name of Person

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 FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compar	ny is:
Ocean Wave Pressure Cleaning LLC	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ADTICLE	
ARTICLE II - Address:	
The maining address and street address of t	the principal office of the Limited Liability Companyor:
Principal Office Address:	Mailing Address:
1524 Ingram Ave.	1524 Ingram Ave.
Sarasota, FL 34232	Sarasota, FL 34232
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	stered Office, & Registered Agent's Signature: a Registered Agent. You must designate an individual or another f the registered agent are:
Brenton R Graber	Name
,	Name
1524 Ingram Ave.	
Florida stro	eet address (P.O. Box NOT acceptable)
^ .	FI 34232
Sarasota,	, = 0 · 4 · 2
Sarasota,	ity, State, and Zip

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)

Page 1 of 2

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

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

"MGRM" = Manag	ging Member		
MGR	_	Brenton R Graber	
		1524 Ingram Ave.	
		Sarasota, FL 34232	
	-		
	_		
-	_		
			· · · · · · · · · · · · · · · · · · ·
(Use attachment if	necessary)		
CLE V: Effective da	ate, if other than the	e date of filing:	(OPTIONA
effective date is list o or 90 days after tl	ted, the date mus	t be specific and cannot be more the	han five busines
REQUIRED SIG	NATURE:		

(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.

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.)

ules a unit degree felony as provided for in 5.617.155, i

Brenton R Graber

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)