

L13000126832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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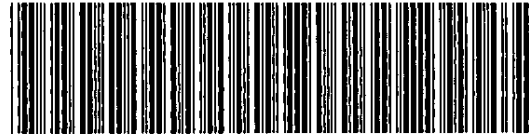
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
SEP - 9 2013  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**Subject: Wave Crest JMDG, LLC**

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

**Please return all correspondence concerning this matter to the following:**

Stewart B. Capps PA  
P O Box 034021, FL 32940  
Indialantic , FL 32903

For further information concerning this matter, please call:

Stewart B Capps at (321) 727-3200

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    ☐ \$160 Filing Fee  
Certificate of Status  
& Certified Copy

**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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**ARTICLES OF ORGANIZATION FOR JMDG, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is Wave Crest JMDG, LLC.

**ARTICLE II - ADDRESS**

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

**Principal Office Address**

1715 S. Miramar  
Indialantic, FL 32903

**Mailing Address**

1715 S. Miramar  
Indialantic, FL 32903

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

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

Joan Shepherd  
1715 S. Miramar Avenue  
Indialantic, FL 32903

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

(An additional article must be added if an effective date is requested)

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

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

**Title:**

MGRM

**Name and Address:**

Joan Shepherd  
1715 S. Miramar Avenue  
Indialantic, FL 32903

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MGRM

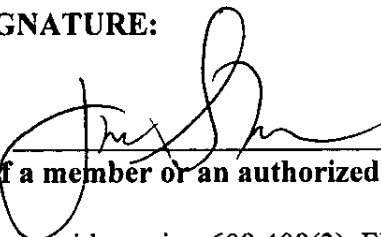
Mary Beth Glorioso  
1700 S. Atlantic Avenue # 107  
Cocoa Beach, FL 32931

MGRM

Dominic Glorioso  
115 Cocoa Avenue  
Indialantic , FL 32903

**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.)

**JOAN SHEPHERD**

Typed or printed name of signee

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