Florida Department of State

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.

(((H15000198514 3)))

H15000198514 3ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

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

Email Address: _____

15 AUG 17 PM 3:59 RECEIVED

FLORIDA LIMITED LIABILITY CO.

Shockwave ABF, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$125.00

15 AUG 17 PM 3:23 FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION
OF
SHOCKWAVE ABF, LLC

The undersigned hereby certifies that the following Articles of Organization are hereby adopted for the purpose of becoming a Limited Liability Company under Florida Statutes Chapters 605, providing for the formation, rights, privileges, and immunities of limited liability companies for profit.

ARTICLE I.
NAME

The name of the Limited Liability Company shall be SHOCKWAVE ABF, LLC.

ARTICLE II.
DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually, commencing as of the date on which these Articles of Organization are filed with the State of Florida Department of State.

ARTICLE III.
PRINCIPAL OFFICE

The principal office of this corporation and the mailing address of this corporation is 2201 4th Street North, Suite 201, St. Petersburg, FL 33704.

ARTICLE IV.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Limited Liability Company is 2201 4th Street North, Suite 201, St. Petersburg, FL 33704 and the name of its initial registered agent at such address is Nan Ralston.

FILED
2015 AUG 17 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V.
PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

(((H15000198514 3)))

ARTICLE VI.
MANAGEMENT

The Limited Liability Company shall be managed by one or more managers. The authority and duties of the manager(s) shall be as set forth in the Operating Agreement of the Limited Liability Company. The name and address of the initial Manager is Joseph Fitzgerald, 3725 East University Avenue, Des Moines, IA 50317.

The undersigned, being the Authorized Representative of one of the Members of the Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of SHOCKWAVE ABF, LLC.

Executed by the undersigned on 8/13, 2015.

SHOCKWAVE HOLDINGS, LLC

By: _____
JOSEPH FITZGERALD, Manager

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Section 605.0113, Florida Statutes, I agree to act in the capacity of Registered Agent for the SHOCKWAVE ABF, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 605.0113, Florida Statutes.

DATED this 17th day of August, 2015.

_____
NAN RALSTON

FILED
15 AUG 17 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H15000198514 3)))