Page 1 of 2



Division of Corporations Electronic Filing Cover Sheet

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Account Number : 120060000056 Phone : (941)575-9291

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

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FLORIDA LIMITED LIABILITY CO. WAVELIFE SWF, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION OF WAVELIFE SWF, LLC

Pursuant to Section 605.0201, Florida Statutes, these Articles of Organization for a limited liability company provide that:

ARTICLE I - NAME

The name of the limited liability company is WAVELIFE SWF, LLC.

ARTICLE II - ADDRESS

The mailing address of the principal office of the limited liability company is 511 South Crete Court, Punta Gorda, FL 33950, and the street address of the principal office of the limited liability company is 511 South Crete Court, Punta Gorda, FL 33950.

ARTICLE III - REGISTERED AGENT

The name and street address of the initial registered agent for service of process is KATHRYN WILLIAMSON, 511 South Crete Court, Punta Gorda, FL 33950.

ARTICLE IV - MANAGEMENT

The Company is to be managed by a sole manager and therefore is a manager-managed company. The name and address of the manager authorized to manage and control the limited liability company is as follows:

Title:	Name and Address:	SEC	<u>~</u>	
Manag er	KATHRYN WILLIAMSON 511 South Crete Court Punta Gorda, FL 33950	AHASSEE FU	arma New	The state of the s
	ARTICLE V - DURATION		20.02 30.03	

The duration of this Company shall be perpetual.

ARTICLE VI - PURPOSE

The purpose for which this Company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under Section 605.0108(2) of the Florida Statutes.

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(In accordance with section 605.0203(1)(b) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated therein are true. The undersigned is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in F.S. 817.155).

IN WITNESS WHEREOF, the undersigned, has hereunto subscribed her name and affixed her seal this <u>22 nd</u> day of <u>0 Chropen</u>, 2015.

Witnesses:

Print Name: An and

KATHRYN WILLIAMSON, Manager

,

STATE OF FLORIDA COUNTY OF CHARLOTTE

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgment, personally appeared KATHRYN WILLIAMSON to me known to be the person described as authorized representative, and who executed the foregoing Articles of Organization, and she acknowledged that she executed the same for the purposes therein stated and did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this $\frac{22}{100}$ day of

(40 ber , 2015.

ANNE CORMER
MY COMMISSION F FF 243741
EXPIRES: June 23, 2019
Bendad Tary Budget Notary Services

Anne Cormier

Notary Public - State of Florida

Commission No. FF 243741

My Commission Expires: June 23, 2019

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

- 1. The name of the limited liability company is WAVELIFE SWF, LLC.
- 2. The name and address of the registered agent and office is:

KATHRYN WILLIAMSON, 511 South Crete Court, Punta Gorda, FL 33950

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 605 of the Florida Statutes.

Dated: October 22, 2015

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