

**LAZARUS**  
**Florida Department of State**

**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**To:**

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

**From:**

**Account Name : LAZARUS CORPORATE FILING SERVICE, INC.**  
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**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**8 BIT WAVE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
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10/21/2015 12:28:20 PM PAGE 1/001 Fax Server

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October 21, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: 8 BIT WAVE, LLC

REF: W15000069840

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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

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Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H15000250862  
Letter Number: 315A00022297

ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY

**ARTICLE I:**

The name of the Limited Liability Company is:

**8 BIT WAVE, LLC**

**ARTICLE II:**

The mailing address and street address of the principal office of the

Limited Liability Company is:

Principal Office Address:

**14308 SW 92 STREET**

**MIAMI, FL 33186**

Mailing Address:

**14308 SW 92 STREET**

**MIAMI, FL 33186**

**ARTICLE III:**

Registered Agent

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

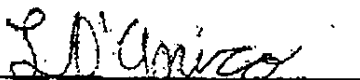
**IAN LUCIANO D'AMICO**

**14308 SW 92 STREET**

**MIAMI, FL 33186**

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TALLAHASSEE, FLORIDA

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, F.S.



Registered Agent's Signature

**Article IV:**

The name and address of each person authorized to manage and control the Limited Liability Company:

<b>Title:</b>	<b>Name &amp; Address:</b>	<b>Percentage:</b>
Manager	Jan Luciano D'Amico 14308 SW 92 Street Miami, FL 33186	25%
Manager	Julio Licon 1840 West 62 Street #103 Hialeah, FL 33012	25%
Manager	Joe Paz 9940 SW 64 Street Miami, FL 33173	25%
Manager	Jacqueline Rodriguez 5800 SW 92 Avenue Miami, FL 33173	25%

In witness whereof, the undersigned subscriber does make, acknowledge and file this certificate for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

DATE: 10-19-15

X L D'Amico

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

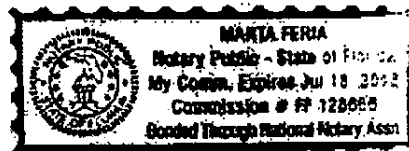
Before me the undersigned authority, personally appeared to me, known to me to be the individual described in, and who executed the foregoing and who acknowledged before me that the same was executed for the purposes expressed.

In witness whereof, I have hereunto affixed my hand and official seal at Miami-Dade County, Florida.

Date: 10-19-15

Marta Faria  
Notary Public

State of Florida



My commission expires: \_\_\_\_\_