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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wings and Waves, LLC
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:

Kelly Spencer

Name of Person

Firm/Company

3192 Fireside Dr.

Address

Middleburg, Fl 32068

City/State and Zip Code

Spencer19@hotmail.com

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

For further information concerning this matter, please call:

Kelly Spencer

Name of Person

at (904) 616-7176

Area Code

616-7176

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

**New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Street Address

**New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wings and Waves, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3192 Fireside Dr.

Middleburg, FL 32068

Mailing Address:

3192 Fireside Dr.

Middleburg, FL 32068

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TALLAHASSEE, FLORIDA

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kelly Spencer
Name

3192 Fireside Dr.

Florida street address (P.O. Box **NOT** acceptable)

Middleburg, FL 32068

City

State

Zip

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..

Kelly Spencer

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

Kelly Spencer
3192 Fireside Dr.
Middleburg, FL 32068

Shannon Pinter
3192 Fireside Dr.
Middleburg, FL 32068

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 28 MARCH 2016 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Kelly Spencer
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Kelly Spencer
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)

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