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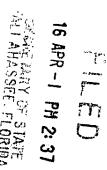
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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
Middle burg F1 320 68
Middle burg F1 320 68 City/State and Zip Code Spener 19e hotmail. com E-mail address: (to be used for future annual report notification)
Spener 19e hotmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kelly Spencer at (904) 616-7176 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$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

Wings and Waves LLC. (Must end with the words "Limited Liability C	Company, "L.L.C.," or "LLC.")	16 APR	i vigo i J PostoMelani
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		-1 PM	
Principal Office Address:	Mailing Address:	, '	
3192 Fireside Dr. Middle burg, F1 32068	3192 Fireside Dr. Middleburg FI 32068	37	

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	6 APR-	**
"MGR" = Manager A M B R	Kelly Spencer Size 3192 Fireside Dr. Middleburg F1 3206 m	Z	
AMBR	Shannon Pinter 3192 Fireside Dr. Middleburg F1 32068	2: 37	C
(Use attachment if necessary)			
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be the date of filing.)	ate of filing: 28 MARCH 2016 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be ent of State's records.	-	
RTICLE VI: Other provisions, if any.		_	
REQUIRED SIGNATURE:			
	lly Spenen		
Signature of a This document is exe I am aware that any fa	member or an authorized representative of a member. Equited in accordance with section 605.0203 (1) (b), Florida Statutes. The also information submitted in a document to the Department of State		
constitutes a third deg	gree felony as provided for in s.817.155, F.S.		
	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)