09/24/2018 09:46 da 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. (((H18000277692 3))) H180002776923ABC9 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 : JONES, FOSTER, JOHNSTON & STUBBS, P.A. Account Number : 076077003231 Phone : (561)650-0471 AM 9: 36 Fax Number : (561)650-5300 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* savah @ <u> 9avlaKaq//e</u> Email Address:\_\_\_ . . . . . . . . . . .. .... FLORIDA LIMITED LIABILITY CO. New Wave Art Wkd, LLC Certificate of Status 0 Certified Copy <u>ز</u>. Page Count 01 Estimated Charge SI55.00 ···· . . . . . . -----2016 SEP Electronic Filing Menu Corporate Filing Menu Help 4.

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Articles of Organization

of

## New Wave Art Wkd, LLC

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605, Laws of Florida.

### ARTICLE I

### <u>Name</u>

The name of the Limited Liability Company is New Wave Art Wkd, LLC.

# ARTICLE II

# <u>Address</u>

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

# 340 Royal Poinciana Way, Suite M307 Palm Beach, FL 33480

### ARTICLE III

### Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

Jones Foster Service, LLC 505 South Flagler Drive, Suite 1100 West Palm Beach, Florida 33401

# **ARTICLE IV**

# <u>Management</u>

The Limited Liability Company will be manager-managed.

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### ARTICLE V

# <u>Manager</u>

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

# Sarah Gavlak 340 Royal Poinciana Way, Suite M307 Palm Beach, FL 33480

#### ARTICLE V

#### Commencement

The Limited Liability Company shall commence its existence upon filing with the Department of State of the State of Florida.

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 herein are true.

Date: August 17, 2018

Bulaz

Sarah Gavlak Authorized Representative

09/24/2018 09:47am

JONES FOSTER

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# CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Section 605.0113, Florida Statutes, this Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That New Wave Art Wkd, LLC, desiring to organize under the laws of the State of Florida, has named JONES FOSTER SERVICE, LLC, located at the Registered Office of the Limited Liability Company at 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this state.

### ACKNOWLEDGMENT:

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.

JONES FOSTER SERVICE, LLC, Registered Agent

William G. Smith, Manager

SECRETARY OF STATE

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