

LI 9000/2480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

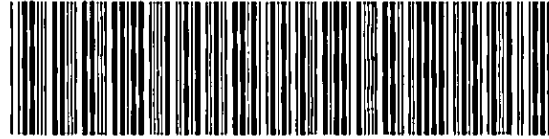
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Account#: I20000000088

Date: 01/14/2019

Name: Merritt Walker

Reference #: 1036038

Entity Name: PURE WAVE HOLDINGS, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF FILING EVIDENCE

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Authorized Amount: \$155

Signature: MAA

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
PURE WAVE HOLDINGS, LLC

ARTICLE I – NAME: The name of the limited liability company is PURE WAVE HOLDINGS, LLC (the “Company”).

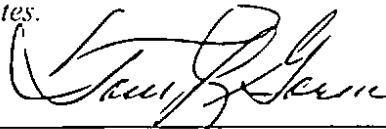
ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is Quantum Town Center, 1014 Gateway Blvd., Boynton Beach, FL 33426. The street address of the principal office of the Company is Quantum Town Center, 1014 Gateway Blvd., Boynton Beach, FL 33426.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT’S SIGNATURE: The name and the Florida street address of the Company’s registered agent are:

Toni Goren
Quantum Town Center, 1014 Gateway Blvd.
Boynton Beach, FL 33426

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JAN 14 2018

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 in Chapter 605, Florida Statutes.

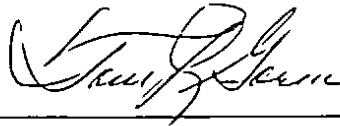


Toni Goren

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Toni Goren Quantum Town Center, 1014 Gateway Blvd. Boynton Beach, FL 33426

REQUIRED SIGNATURE:



Toni Goren, Authorized Person

(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. 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.)

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