

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.

(((11190001664593)))



H190001664593ABC8

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 : SUPERBIZ.COM, INC.

Account Number : I20070000160 Phone : (800)494-3124 Fax Number : (305)675-2811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

FLORIDA LIMITED LIABILITY CO. WAVE RELATIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

19 MAT 22 AM 10: 00

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE MAY 23 2019 **4€** 1.

4.19000166459.3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

WAVE RELATIONS LLC

ARTICLE II ADDRESS

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

591 EVERNIA STREET APT 1615

WEST PALM BEACH, FLORIDA 33401

ARTICLE III REGISTERED AGENT

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

DAVE VILLANO

591 EVERNIA STREET APT 1615

WEST PALM BEACH, FLORIDA 33401

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.

X___/S/_Dave Villano

DAVE VILLANO / Registered Agent's signature

19 MAY 22 AM 10: 01

4.19000166459.3

PAGE 2 WAVE RELATIONS LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

DAVE VILLANO

591 EVERNIA STREET APT 1615

WEST PALM BEACH, FLORIDA 33401

19 MAY 22 AH IO: BI

X /s/ Dave Villano

DAVE VILLANO / Authorized Representative's signature

(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.)