

L19000245278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

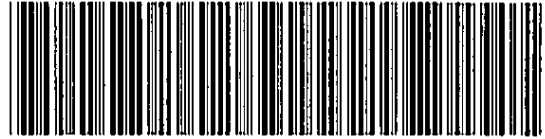
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



900334374779

09/27/19--01028--012 **160.00

S. TALLER
OCT 10 2019

FILED
2019 SEP 27 PM 3:45
CLERK OF COURT

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: EC Wave Properties, 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:

Gwendolynn Mayhan

Name of Person

Firm/Company

206 Capri Cv W

Address

Niceville, FL 32578

City/State and Zip Code

gburds@yahoo.com

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

For further information concerning this matter, please call:

Gwen Mayhan 770 653-5803
Name of Person at () 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:

EC Wave Properties, LLC

(Must contain 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:

206 Capri Cv W
Niceville, FL 32578

Mailing Address:

206 Capri Cv W
Niceville, FL 32578

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:

Gwendolynn Mayhan

Name

206 Capri Cv W

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

Niceville

FL

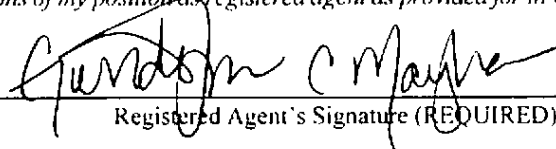
32578

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)

FILED
2019 SEP 27 PM 3:50
SOUTH FLORIDA
COUNTY CLERK

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

MGR

MGR

Name and Address:

Daniel W. Mayhan & Gwendolynn C. Mayhan,
Trustees of the Daniel & Gwendolynn Mayhan Joint
Revocable Trust dated November 2, 2017

206 Capri Cv W, Niceville, FL 32578

Daniel Mayhan
206 Capri Cv W, Niceville, FL 32578

Gwendolynn Mayhan
206 Capri Cv W, Niceville, FL 32578

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: 9/25/19 (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:



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.

Gwendolynn C. Mayhan

Typed or printed name of signer

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)