# L20000265243

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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SECRETARY OF STATE

TOTALIGAN

### COVER LETTER TO: New-Filing Section -Division of Corporations NAVE SATECLITES (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: SE 1714 AVE #3 (Address) Coral Fl. 33990 (Ciry State and Zip Code) E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: (Name of Contact Person) at (239) 645-0603 (Area Code) (Davtime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

#### STREET ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### MAILING ADDRESS:

New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



October 10, 2019

JOSE RUIZ 1508 SE 17TH AVE #3 CAPE CORAL, FL 33990 US

SUBJECT: WAVE SATELLITES LLC

Ref. Number: W19000089816

We have received your document for WAVE SATELLITES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 019A00020713

www.sunbiz.org

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SECRETARY OF STATE
TALLAHASSEE, FL

## Articles of Conversion For "Other Business Entity" Into

### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Wave SATELLITES INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
First organized, formed or incorporated under the laws of FLORIDA
First organized, formed or incorporated under the laws of
on 111316 (date of organization, formation or incorporation)
(date of organization, formation or incorporation)
(dute of organization, formation of incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
WAVE SATELLITES LLC.
WAVE SATELLITES LLC.  (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
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.
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: $\frac{\int ct}{Printed Name:} \frac{\int ct}{\int c \cdot \int c} \frac{R c \cdot i}{R} \frac{2}{C}$	11/45
Signature of Authorized Representative:	Tille OUISIE P
Printed Name: SOSE RUIZ	Title:
Signature(s) on behalf of Other Business Entity:	
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If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
lf Florida Limited Partnership or Limited Liabili	ty Limited Partnership
Signatures of ALL General Partners.	ty Emilied Farthership.
Signatures of <u>1992</u> Content of Graphs	
All others:	
Signature of an authorized person.	
Gees:	
A A' Long PC	\$25.00
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional)
Contificate of Status	\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

WAVE SATECUTES 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:**

1508 SE 17TH AVE #3 CAPE CORAL FL. 33990 **Mailing Address:** 

2118 SE 14TH LN CAPE CORAL PL. 33993

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:

JOSE RUIZ

2118 NW 147H LN
Florida street address (P.O. Box NOT acceptable)

Fronda street address (F.O. Box NOT acceptable)

CAPE CORAL FL 33993

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)

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	Jose Ruiz		
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ARTICLE V: Other provisions, if any.		보고 보고	ယ္
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DECHIDED SIGNATUDE.			
REQUIRED SIGNATURE:			
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Signature of a member or a	an authorized representative of a member		
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes, I am a	aware that	
any false information submitted in a docume as provided for in s.817.155, F.S.	nent to the Department of State constitutes a third deg	ree telony	
·	12 / h 2		
<u> 1055</u>	POLI 2 Ded or printed name of signee		
Тур	bed 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)

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