

L22000369300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

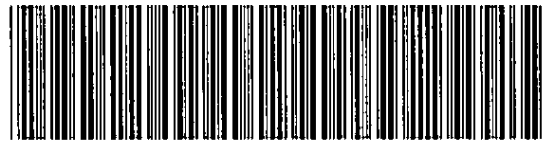
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received
August 12th

Office Use Only



700391641687

FILED 2022 AUG 12 PM 3:36

SECRETARY OF STATE

S. CHATHAM
AUG 24 2022

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DIVISION OF CORPORATIONS
22 AUG 12 PM 3:36



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 AUG 12 PM 1:04

SECTION
SPECIAL
WORK

July 28, 2022

MARY EVANS
145 N. HALIFAX AVENUE #704
DAYTONA BEACH, FL 32118 US

SUBJECT: WAVES OF ENRICHMENT, LLC
Ref. Number: W22000098641

We have received your document for WAVES OF ENRICHMENT, LLC and check(s) totaling \$70.00 of which \$70.00 has been used to file other document(s). However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$80.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 122A00016905

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DIVISION OF CORPORATIONS
22 AUG 12 PM 3:36

May 31, 2022

Florida Dept of State

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: N22000003624

To Division of Corporations:

This is an affidavit that the Nonprofit Corporation, "Waves of Enrichment" (N22000003624) has no intentions of revoking the voluntary dissolution and must release the name to the Profit LLC for application.

Check 5792 for \$35 is for the dissolution application

Check 5793 for \$70 is for forming/filing the "Waves of Enrichment" LLC application

Doug Evans, Director

Doug Evans

Mary Evans, Director

Mary Evans

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DIVISION OF CORPORATIONS
22 AUG 12 PM 3:47

STATE OF FLORIDA
COUNTY OF Volusia
The foregoing instrument was acknowledged before me
this 15 day of July, 20 22
Amber Palmer
Name of Notary Public State of Florida
Amber Palmer
Name of Notary Printed, Stamped or Typed
Personally Known _____ Or Produced Identification ☒
Type of Identification Produced FLDL



Amber Palmer
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG888437
Expires 8/30/2024

COVER LETTER

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

SUBJECT: WAVES OF ENRICHMENT, 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:

MARY EVANS

Name of Person

Firm/Company

145 N. HALIFAX AVENUE #704

Address

DAYTONA BEACH, FL 32118

City/State and Zip Code

WAVESOFENRICHMENT@GMAIL.COM

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

For further information concerning this matter, please call:

MARY EVANS

407

415-8829

at ()

Name of Person

Area Code

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WAVES OF ENRICHMENT, 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:

145 N. HALIFAX AVENUE #704
DAYTONA BEACH, FL 32118

Mailing Address:

145 N. HALIFAX AVENUE #704
DAYTONA BEACH, FL 32118

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:

DOUG EVANS

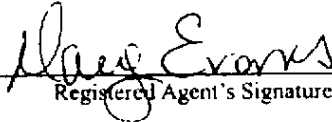
Name

145 N. HALIFAX AVENUE #704

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

<u>DAYTONA BEACH</u>	<u>FL</u>	<u>32118</u>
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)

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ARTICLE IV-

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

Title:

"AMBR" - Authorized Member

"MGR" = Manager

Name and Address:

MGR

MARY EVANS
145 N. HALIFAX AVENUE #704
DAYTONA BEACH, FL 32118

MGR

DOUG EVANS
145 N. HALIFAX AVENUE #704
DAYTONA BEACH, FL 32118

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 6, 2022 (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.

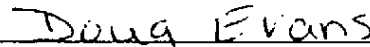
WAVES OF ENRICHMENT, INC. (#N22000003624) RELEASES NAME TO WAVES OF ENRICHMENT, LLC
WAVES OF ENRICHMENT, LLC RECEIVES NEW DOCUMENT NUMBER

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.



Typed 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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