

L22000463265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

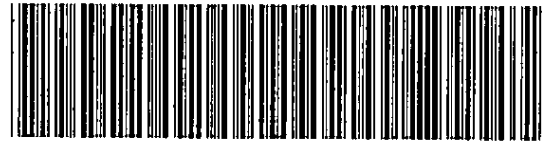
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/29/23--01040--011 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 AUG 29 AM 9:01

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2022

MAURICE C ROCHA
1314 E. OLAS BLVD #1560
FORT LAUDERDALE, FL 33301

SUBJECT: WAVES FLOAT LLC
Ref. Number: W22000116643

We have received your document for WAVES FLOAT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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.

ARCEDRA JOHNSON
Regulatory Specialist II

Letter Number: 222A00020473

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Waves Float 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:

Maurice C Rocha

Name of Person

Waves Float LLC

Firm/Company

1314 E Las Olas Blvd # 1560

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

membermr@wavesfloat.net

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

For further information concerning this matter, please call:

Maurice

Name of Person

at ()

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

2022 OCT 25 PM 1:32

22 AUG 29 AM 9:02
SECRETARY OF
TALLAHASSEE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Waves Float 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:

1314 E Las Olas Blvd # 1560

Fort Lauderdale, FL 33301

Mailing Address:

1314 E Las Olas Blvd # 1560

Fort Lauderdale, FL 33301

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:

Maurice C Rocha

Name

1314 E Las Olas Blvd # 1560

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

Fort Lauderdale

FL

33301

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.

Maurice C Rocha
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
ALLAHASSET, FL 32301

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Maurice C Rocha

1314 E Las Olas Blvd # 1560

Fort Lauderdale, FL 33301

(Use attachment if necessary)

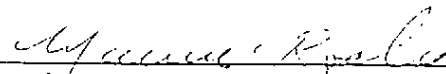
ARTICLE V: Effective date, if other than the date of filing: 1/1/2023 (OPTIONAL)

(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 Statute.
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.

Maurice C Rocha

Typed or printed name of signee

22 AUG 29 AM 9:11Z
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)