Division of Corporations Electronic Filing Cover Sheet

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Email Address:

FLORIDA LIMITED LIABILITY CO. BLUE WAVE OPS, LLC

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Blue Wave Ops, 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:	Mailing Address:
4705 W Wyoming Ave	4705 W Wyoming Ave
Tampa, FL 33616	Tampa, FL 33616

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:

Ken Lupo		
	Name	
4705 W Wyomi	ng Ave	
Florida street a	ddress (P.O. Box <u>NOT</u> a	cceptable)
Tampa	F1	33616
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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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
<u>AMBR</u>	Ken Lupo 4705 W Wyoming Ave Tampa, FL 33616	
		
(Use attachment if necessary)		
TCLE V: Effective date, if other than the	date of filing:	
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