

1/4/24, 10:46 AM

L2400004048

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H2400005071 3)))



H2400005071 3ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MILBERY & KESSELMAN CPAS, LLC
Account Number : 120180000053
Phone : (954)583-3223
Fax Number : (954)583-3259

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EARAUJO005@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.
BLUEWAVE OF SOUTH FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2024 JAN -4 PM 12:59

Electronic Filing Menu

Corporate Filing Menu

Help

2024 JAN -4 PM 12:59
E: 51001/004

H24000005071 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BLUEWAVE OF SOUTH FLORIDA, 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:

ELISA ARAUJO

Name of Person

BLUEWAVE OF SOUTH FLORIDA, LLC

Firm/Company

166 SE ASHLEY OAKS WAY

Address

STUART, FL 34997

City/State and Zip Code

EARAUJO005@GMAIL.COM

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

For further information concerning this matter, please call:

ELISA ARAUJO

561

702-9614

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

2024 JAN -14 11:10:56
STATE

H24000005071 3

H24 000005071 3

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:

AMBR

ELISA ARAUJO

166 SE ASHLEY OAKS WAY

STUART, FL 34997

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/31/2023 (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 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.

ELISA ARAUJO

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)

H24 000005071 3

H240000050713

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLUEWAVE OF SOUTH FLORIDA, 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:166 SE ASHLEY OAKS WAY
STUART, FL 34997Mailing Address:166 SE ASHLEY OAKS WAY
STUART, FL 34997

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:

ELISA ARAUJO

Name

166 SE ASHLEY OAKS WAYFlorida street address (P.O. Box **NOT** acceptable)STUARTFL34997

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)

H240000050713