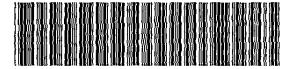
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: WAVE PROPERTY RENTALS, LLC
(Namelof Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

THOMAS HESTER

(Name of Person)

WAVE PROPERTY RENTALS, UC

(Firm/Company)

SECOND AND COMPANY

(Firm/Company)

AND COMPANY

(Address)

Conserved by Company

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS HESTER— at (467) 341.7/27

(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

✓\$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate

Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WAVE PROPERTY RENTALS, LLC (Name of Foreign Limited Liability Company)	
2. STATE OF NEVADA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-2873857 (FEI number, if applicable)	
4. PAY 4, 2005 (Date of Organization) 5. PERPETVAL (Duration: Year limited liability company will cease exist or "perpetual")	e to
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	O\$ AUG
7. 597 S. CONGVIEW PC	
(Street Address of Principal Office)	
(Street Address of Principal Office)	<u> </u>
3. If limited liability company is a manager-managed company, check here	6
THOMAS HESTER, 597 S. LONGVIEW PL, LONGWOOD, FL 3277 SHANNON HESTER, 597 S. LONGVIEW PL, CONGWOOD, FL 3277	— 1 9
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: 12. PROPERTY PENTAUS	je,a
\mathcal{N}_{n}	*
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
THOMAS HESTER	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
WAVE PROPERTY DENTALS, & LLC	<u>- </u>
2. The name and the Florida street address of the registered agent and office are:	
THOMAS HESTER	05 AUG 10 SECRETARY IAILAHASSE
(Name)	
597 S. LONGVIEW PL Florida Street Address (P.O. Box NOT ACCEPTABLE)	LO WH TO
City/State/Zip	FIG.

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, WAVE PROPERTY RENTALS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 4, 2005, and is in good standing in this state.

∕By

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 20, 2005.

DEAN HELLER Secretary of State

Certification Clerk

