

**M1300000652**

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 343-6962

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

Email Address: m.pppa@waviestoreusa.com

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2013 JAN 31 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WAVESTORE USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02 P.S.
Estimated Charge	\$25.00

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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is: WAVESTORE USA, LLC  
M13000000652

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
THE MANAGER WAS INCORRECTLY IDENTIFIED. THE INCORRECT REGISTERED AGENT WAS IDENTIFIED  
The manager is: Mario Popu, 4430 W. Tiffany Park Drive, Mangonia Park, FL 33407.  
The registered agent is: Mario Popu, 4430 W. Tiffany Park Drive, Mangonia Park, FL 33407.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: January 31, 2013

  
Signature of a member or authorized representative of a member  
**Mario Popu, Manager & Authorized Representative**

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

2013 JAN 31 PM 8:15  
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TALLAHASSEE, FLORIDA

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**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

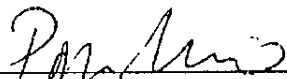
1. The name of the limited liability company is:

**WAVESTORE USA, LLC**

2. The name and address of the registered agent and office is:

**MARIO POPU  
4430 Tiffany Drive  
Mangonia Park, Florida 33407**

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.

  
\_\_\_\_\_  
MARIO POPU

Dated: January 31, 2013

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