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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wavefront Mana	agement, LLC
	Name of Limited Liability Company
	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this	matter to the following:
Roman Maran	nets
* * * * * * * * * * * * * * * * * * * *	Name of Person
Wavefront Ma	nagement, LLC
	Firm/Company
74 Whitman D)rive
	Address
Brooklyn, NY	11234
	City/State and Zip Code
wavefrontmgm	าtllc@aol.com
E-mail addr	ress: (to be used for future annual report notification)
For further information concerning this matter, p	elease cali:
Roman Maranets	_{at (} 917) 207-8198
Name of Contact Person	n Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following am \$125.00 Filing Fee \$130.00 F Certificate	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Wavefront Management, LLC (Name of Foreign Limited Liability Company; must include "	'Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transa Liability Company," "L.L.C," or "LLC.")	acting business in Florida. The alternate name must include "Limited
, New York	47-1432237
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4(Date first transacted business in Flor	ida if prior to registration)
(See sections 605.0904 & 605.0905, F.S	to determine penalty liability)
_{5.} 74 Whitman Drive	SE
Brooklyn, NY 11234	22
(Street Address of I	Principal Office)
_{5.} 74 Whitman Drive	76 F
Brooklyn, NY 11234	24
(Mailing A	ddress)
7. The name, title or capacity and address of the person	(s) who has/have authority to manage is/are:
Roman Maranets, President, 74 Whit	· ·
Roman Maranets, President, 74 Wint	man Drive, Brooklyn, NT 11234
B. Attached is an original certificate of existence, no mor	e than 90 days old, duly authenticated by the official
naving custody of records in the jurisdiction under the land acceptable. If the certificate is in a foreign language, a translate submitted)	w of which it is organized. (A photocopy is not
Roman Mar	anets
Signature of an a	uthorized person

Roman Maranets

Typed or printed name of signee

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Wavefro	nt Mana	gement, LLC	
If unavailable,	the alternate to	be used in the state of Florida is:	28H SEP
2. The name a	nd the Florida	street address of the registered agent and office are:	SSEE PH
	Roman	Maranets	F. 24
		(Name)	
	880 NE	207th Ter #201-10	
	F	lorida Street Address (P.O. Box NOT ACCEPTABLE)	
	Miami	33179	
		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, Florida Statutes.

Roman Maranets
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of New York Department of State } ss:

I hereby certify, that WAVEFRONT MANAGEMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/21/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*, n n

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 05th day of September two thousand and fourteen.

Executive Deputy Secretary of State