

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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

Email Address: _____

Foreign Limited Liability Company
NEW WAVE OPERATIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Original date of
sec. requested
Per attached fax
confirm of 5/4/16

5/20/16
JFM

Fax Confirmation Report

Date & Time : MAY-04-2016 02:21PM WED
Fax Number : 302-575-1642
Fax Name : Williams Law Firm
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Total Pages Scanned:		3					
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Abbreviations:

HS:Host Send PL:Polled Local EC:Error Correct TS:Terminated by System
HR:Host Receive PR:Polled Remote MP:Mailbox Print RP:Report
WS:Waiting Send MS:Mailbox Save TU:Terminated by User G3:Group3

Division of Corporations

Page 1 of 2

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

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302) 475-0875
Fax Number : (302) 475-1442

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Foreign Limited Liability Company NEW WAVE OPERATIONS, LLC

Certificate of Status	0
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<https://efile.sunbiz.org/scripts/cfilcovr.exe>

5/4/2016

2016 MAY -4 PM 3:17
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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. NEW WAVE OPERATIONS, 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 transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3

(FEI number, if applicable)

4. Upon qualification

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1201 North Orange Street, Suite 700, No. 7442-A1

Wilmington, Delaware 19801-1186

(Street Address of Principal Office)

6. 1201 North Orange Street, Suite 700, No. 7442-A1

Wilmington, Delaware 19801-1186

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name **AGENTS AND CORPORATIONS, INC.**

Office Address: **300 Fifth Avenue South, Suite 101-330**

Naples, Florida **34102**

(City)

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By *[Signature]* **President**
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

NEW WAVE OPERATIONS, LLC, NEW WAVE HOLDINGS SERIES as Managing Member

1201 North Orange Street, Suite 700, No. 7442-A2

Wilmington, Delaware 19801-1186

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Marcia E. Walker
Signature of an authorized person

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.

Marcia E. Walker

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW WAVE OPERATIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "NEW WAVE OPERATIONS, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW WAVE OPERATIONS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

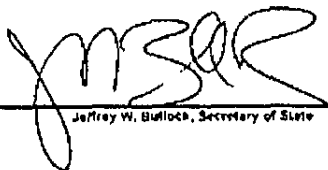
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TALLAHASSEE FLORIDA



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You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202089489

Date: 04-04-16