

W19000008609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W190000072518

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JUL 29 2019

FILED  
2019 SEP -5 PM 3:31  
TALLAHASSEE, FLORIDA

Y SCOTT  
SEP 07 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2019

THOMAS JONES  
86 W MAIN ST.  
STE:2  
EAST ISLIP, NY 11730

SUBJECT: WINTER WAVES, LLC  
Ref. Number: W19000072518

We have received your document for WINTER WAVES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 719A00016233

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SEP - 5 2019



**Jones, Little & Co.**  
CERTIFIED PUBLIC ACCOUNTANTS, LLP

Thomas Jones, CPA  
Roy Little, CPA  
Kathleen Galway, CPA  
Lori LaPonte, CPA  
[www.jonesandlittle.com](http://www.jonesandlittle.com)

August 28, 2019

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Subject: Winter Waves, LLC**  
**Ref. Number: W19000072518**

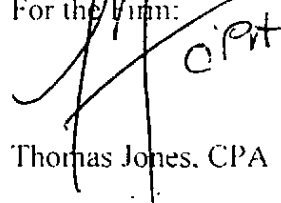
Dear Yvette Scott:

We are the accountants for the above mentioned taxpayer.

The taxpayer signed accepting the designation as you requested. The updated signed form is attached. Please note our client did not receive the check back as stated in your letter

If you have any questions please don't hesitate to call 631-277-8500.

Very Truly Yours,  
Jones, Little, & Co.,  
Certified Public Accountants, LLP  
For the Firm:

  
Thomas Jones, CPA

FILED  
2019 SEP -5 PM 3:32  
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Winter Waves, 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. New York 3. 73-1721738  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6/1/2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.002 & 605.005, F.S. to determine penalty liability)

5. 107 Rockaway Ave 6. 107 Rockaway Ave  
(Street Address of Principal Office) (Mailing Address)

Garden City, NY 11530 Garden City, NY 11530

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

Name: John Garcia, Manager

Office Address: Angelfish Cay, Unit 29B

Key Largo, Florida 33037  
(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.

[Signature]  
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Manager</u>	<u>John Garcia</u> <u>107 Rockaway Ave</u> <u>Garden City, NY 11530</u>		
<u>Manager</u>	<u>Britta Garcia</u> <u>107 Rockaway Ave</u> <u>Garden City, NY 11530</u>		

(Use attachments if necessary)

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)

10. This document is executed in accordance with section 605.020, (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.

[Signature]  
(Signature of authorized person)

John Garcia

(Typed or printed name of signor)

State of New York  
Department of State } ss:

I hereby certify, that WINTER WAVES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/21/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department.



TALLAHASSEE, FLORIDA

2019 SEP -5 PM 3:32

FILED

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 10th day of July two  
thousand and nineteen.*

*Brendan C. Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State