

10/3/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002951663)))



H190002951663ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LICENSES ETC INC
Account Number : 120070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

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

Email Address: SUPPORT@LICENSESETC.COM

Foreign Limited Liability Company
WAVE PROCUREMENT & LOGISTICS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 01 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAVE PROCUREMENT & LOGISTICS, LLC

Name of 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:

LISA ADAMS

Name of Person

LICENSES, ETC., INC.

Firm/Company

886 110TH AVE. N., SUITE #6

Address

NAPLES, FL 34108

City/State and Zip Code

SUPPORT@LICENSESETC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA ADAMS

239

777-1028

at (_____) _____

Name of Contact Person

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 amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

(((H19000295

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

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WAVE PROCUREMENT & LOGISTICS, 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

2. TEXAS

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

3. 82-2974593

(Tax number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration)
(See sections 605.09(4) & 605.09(5), F.S., to determine penalty liability.)

5. 622 22ND ST., SUITE 208

(Street Address of Principal Office)

6. 622 22ND ST., SUITE 208

(Mailing Address)

GALVESTON, TX 77550

GALVESTON, TX 77550

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

Name: DANIEL KIRK

Office Address: 8281 E. COUNTY HWY, 30A

SEACREST BEACH

(City)

Florida 32461

(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 as designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I do so to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am free and accept the obligations of my position as registered agent.

Daniel Kirk

(Registered agent's signature)

(((H19000295166

(((H19000295

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons a manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>DANIEL KIRK</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8281 E. COUNTY HWY, 30A</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>SEACREST BEACH, FL 32461</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>AMBR</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>KATHERINE KIRK</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8281 E. COUNTY HWY, 30A</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>SEACREST BEACH, FL 32461</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>AMBR</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes and indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

10. 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.

Daniel Kirk
Signature of an authorized person

DANIEL KIRK
Typed or printed name of signer

(((H19000295166

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



(((H19000295166
Ruth R. H
Secretary o

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Wave Procurement & Logistics, LLC (file number 802475119), a Domestic Limited Liability Company (LLC), was filed in this office on June 08, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name
officially and caused to be impressed hereon the Seal of the
State at my office in Austin, Texas on October 03, 2016.



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes
Secretary of State