

DYE HARRISON

Dye, Harrison, Kirkland, Petruff, Pratt & St. Paul, PLLC

A FULL SERVICE LAW FIRM SINCE 1920

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July 7, 2020

Via Federal Express

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Smile "N" Wave, LLC – Application by Foreign Limited Liability Company
for Authorization to Transact Business in Florida
Our File No. 20858.0001

Gentlemen or Ladies:

In connection with the above referenced matter, enclosed please find a Cover Letter, a fully completed Application, a State of Delaware Certificate of Revival and a State of Delaware Certificate of Good Standing for processing. Further enclosed is our check in the amount of \$155.00 for the filing fee, designation of registered agent and a certified copy of same.

Please, if you have any questions or if you need any further information, do not hesitate to contact our office. Time is of the essence in this matter.

Very truly yours,

DYE, HARRISON, KIRKLAND, PETRUFF,
PRATT & ST. PAUL, PLLC

Karen T. Bilderback
Assistant to G. Joseph Harrison, Esquire

/ktb
Enclosures

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FILED
JUL 8 PM 3:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMILE "N" WAVE, 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:

G. JOSEPH HARRISON, ESQUIRE

Name of Person
DYE, HARRISON, KIRKLAND, PETRUFF, PRATT & ST. PAUL, PLLC
Firm/Company
1206 MANATEE AVENUE WEST
Address
BRADENTON, FLORIDA 34205
City/State and Zip Code
jharrison@dyeharrison.com
E-mail address: (to be used for future annual report notification)

2020 JUL -8 PM 3:10
FILED
DEPT OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

G. Joseph Harrison, Esquire 941 746-1167
Name of Contact Person at () Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. SMILE "N" WAVE, 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. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability)

5. 16192 Coastal Highway
(Street Address of Principal Office)

6. 16192 Coastal Highway
(Mailing Address)

Lewes, Delaware 19958

Lewes, Delaware 19958

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

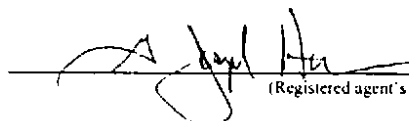
Name: Dye, Harrison, Kirkland, Petruff, Pratt & St. Paul, PI

Office Address: 1206 Manatee Avenue West

Bradenton 34205
(City) Florida (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.


(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to 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 checked="" type="checkbox"/> Manager	Name: <u>Jeff L. Bassett</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Sherry L. Bassett</u>
<input type="checkbox"/> Member	Address: <u>Post Office Box 2422</u>	<input type="checkbox"/> Member	Address: <u>Post Office Box 2422</u>
<input type="checkbox"/> Authorized	<u>Dawson Creek, BC V1G 4T9</u>	<input type="checkbox"/> Authorized	<u>Dawson Creek, BC V1G 4T9</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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 _____
<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 only. Non-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 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 605.0203 (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.

Sherry L. Bassett
 Signature of an authorized person
 Sherry L. Bassett
 Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SMILE "N" WAVE, 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 TWENTY-THIRD DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMILE "N" WAVE, LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2008.

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

2020 JUL -8 PM 3:10
DELAWARE



4632968 8300

SR# 20205848280

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203156902

Date: 06-23-20