

M24000014516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

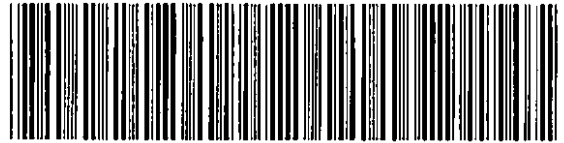
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000133898

Office Use Only



600436873466

09/23/24--01004--006 **125.00

RECEIVED

SEP 20 2024

2024/09/24 PM 7:56



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2024

BRET STACHLING
2132 OAK CREST MANOR LN.
WILDWOOD, MO 63011 US

SUBJECT: TIDAL WAVE LLC
Ref. Number: W24000133898

We have received your document for TIDAL WAVE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

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.

Andrea Andrews
Regulatory Specialist II

Letter Number: 424A00021458

RECEIVED

NOV 04 2024

Hello Andrea,

I talked to one of your specialists and she informed me that I would need an alternate name listed on line 2 of the application. I have filled that in so we should be all set. Please let me know if you need anything else.

Regards, Bret Stachling

www.sunbiz.org

314-825-8005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tidal 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:

Bret Staehling
Name of Person

Tidal Wave LLC
Firm/Company

2132 Oak Crest Manor Ln.
Address

Wildwood, MD 63011
City/State and Zip Code

bretstaehling@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bret Staehling at (314) 825-8005
Name of Contact Person 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. Tidal Wave LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
 2. Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)
 3. 0122668-1
(FEI number, if applicable)
 4. 1/1/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
 5. 2132 Oak Crest Manor Ln.
(Street Address of Principal Office)
 6. 2132 Oak Crest Manor Ln.
(Mailing Address)
 - Wildwood, MO 63011
 - Wildwood, MO 63011
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Beach Renewal LLC / Attn: James Cochran

Office Address: 136 S Holiday Rd, Ste B

Miramar Beach, Florida 32550
(City) (Zip code)

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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)

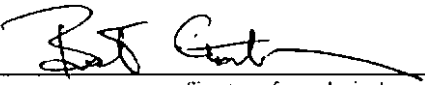
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>Bret Staehling</u>	<input checked="" type="checkbox"/> Manager	Name:	<u>James Cochran</u>		
<input checked="" type="checkbox"/> Member	Address:	<u>2132 Q.K. Green Manor Ln</u>	<input type="checkbox"/> Member	Address:	<u>Beach Renova</u>		
<input type="checkbox"/> Authorized		<u>W. Wood, MO 63011</u>	<input type="checkbox"/> Authorized		<u>1316 S. Holiday Rd, Se 1</u>		
Person			Person		<u>Miramar Beach, FL 32550</u>		
<input type="checkbox"/> Other		<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"/> 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"/> 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.



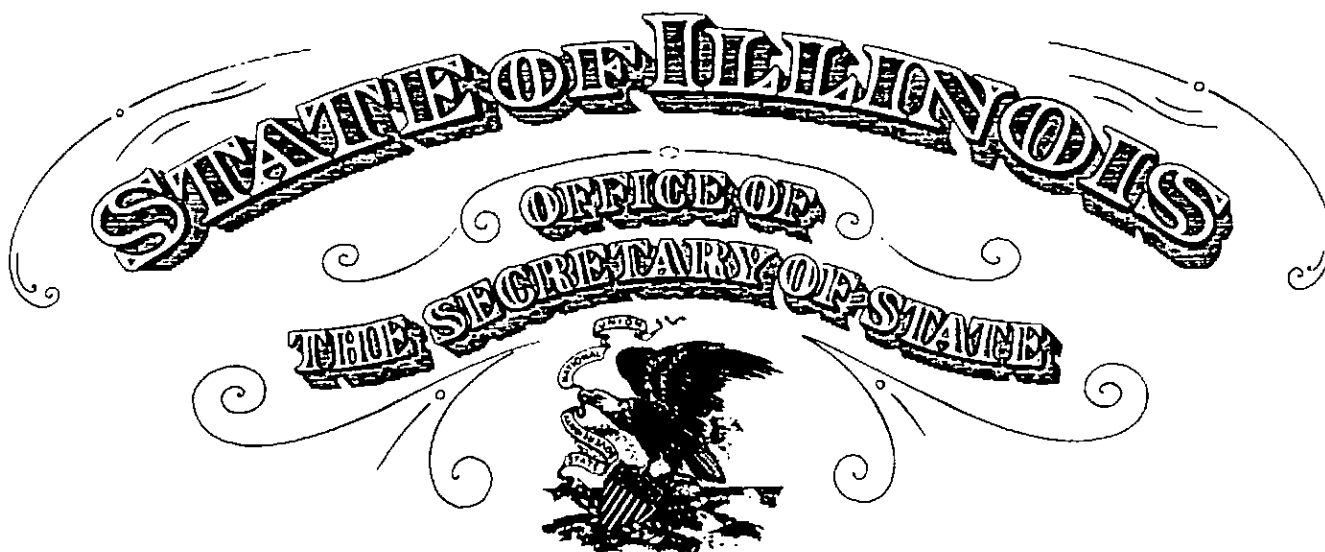
Signature of an authorized person

Bret Staehling

Typed or printed name of signee

File Number

0122668-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TIDAL WAVE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 28, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH day of SEPTEMBER A.D. 2024 .

Authentication #: 2426002932 verifiable until 09/16/2025

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE