

L 22 6000 22317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

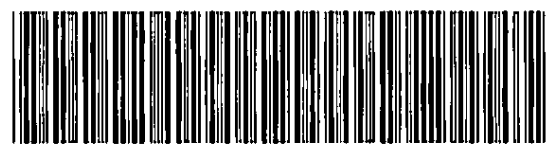
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



000368245890

06/22/21--01003--016 \*\*185.00

22 JAN -3 PM 12:43

Office Use Only  
**T. SCOTT**

JAN 18 2022



239-900-6411

1242 SW Pine Island Rd., Suite 310 Cape Coral, Florida 33991-2126  
ned@totalwildlifecontrol.com

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21DEC21

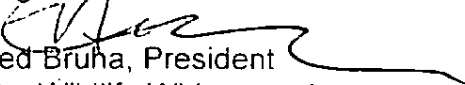
Attention: Tyrone Scott Division of Corporations  
PO Box 6327  
Tallahassee, FL  
32314

Mr. Scott,

I, Ned Thomas Bruha, in error, filed for a conversion for The Wildlife Whisperer Incorporated.

Please utilize the \$185 previously paid, towards the new filing of my LLC. Please find attached new articles. Please make effective, January 1st 2022 (01/01/2022).

Regards,

  
Ned Bruha, President  
The Wildlife Whisperer, Inc.

Truly humane wildlife removal & prevention, done right the 1st time

[www.totalwildlifecontrol.com](http://www.totalwildlifecontrol.com)

[www.facebook.com/thewildlifewhispererinc/](https://www.facebook.com/thewildlifewhispererinc/)

239-900-6411

RECEIVED  
2021 DEC 27 PM 4:11

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: The Wildlife Whisperer, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ned Thomas Bruha

Name of Person

The Wildlife Whisperer, LLC

Firm/Company

1242 SW Pine Island Rd Unit 42, Suite 310

Address

Cape Coral, FL 33991

City/State and Zip Code

nedbruha@gmail.com

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

For further information concerning this matter, please call:

Ned Bruha

Name of Person

at ( 239 )

Area Code

900-6411

Daytime Telephone Number

Enclosed is a check for the following amount:

**Paid previously**

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**The Wildlife Whisperer, LLC**

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**1242 SW Pine Island Rd**

**Unit 42, Suite 310**

**Cape Coral, FL 33991**

Mailing Address:

**Same**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**Ned Thomas Bruha**

Name

**1242 SW Pine Island Rd Unit 42, #310**

Florida street address (P.O. Box NOT acceptable)

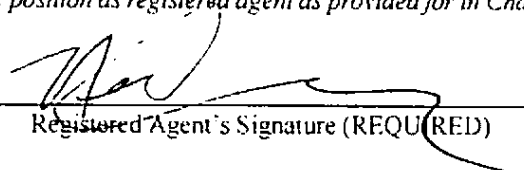
**Cape Coral, FL 33991**

City

State

Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 JAN -3 PM 12:43

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**MGR**

**Name and Address:**

**Ned Thomas Bruha**

**1242 SW Pine Island Rd**

**Unit 42, Suite 310**

**Cape Coral, FL 33991**

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

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.

**Ned Thomas Bruha**

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)