

#L14000138746

(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:

W14-52261 NOT Avail

Office Use Only



700263382967

EFFECTIVE DATE
9-5-2014

700263382967
08/25/14--01012--021 **160.00

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TALLAHASSEE, FLORIDA

14 SEP -5 AM 9:19

NOTED
AND
FILED

K. SALY
EXAMINER

SEP - 5 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2014

MIAMI LEGAL, P.A.
BRIDGETTE ALVAREZ
300 SOUTH ARAGON AVE, STE. 255
CORAL GABLES, FL 33134

SUBJECT: WILD HEARTS, LLC
Ref. Number: W14000052261

RECEIVED
14 SEP -5 AM 9:06
DIVISION OF CORPORATIONS

We have received your document for WILD HEARTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000099308 "WILDHEARTS LLC".

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 514A00018334

DELIVERED SEP - 3 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wild Hearts Official, 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:

Bridgette Alvarez
Name of Person

Miami Legal, P.A.
Firm/Company

300 South Aragon Avenue, Suite 255
Address

Coral Gables, FL 33134
City/State and Zip Code

bridgette@c-a-lawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bridgette Alvarez at (305) 5274848
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wild Hearts Official, LLC

(Must end with 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:

300 South Aragon Avenue, Suite 255
Coral Gables, FL 33134

Mailing Address:

300 South Aragon Avenue, Suite 255
Coral Gables, FL 33134

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:

Bridgette Alvarez

Name

300 South Aragon Avenue, Suite 255

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

Coral Gables

City

FL

33134

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE
9-5-2014

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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

MGR

Name and Address:

Bridgette Alvarez

300 South Aragon Avenue, Suite 255

Coral Gables, FL 33134

Christina Aquilera-Silve

300 South Aragon Avenue, Suite 255

Coral Gables, FL 33134

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FILED
STATE
FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09.05.2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)