

L15000195026

(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:

Office Use Only



900278586139

11/12/15--01026--010 **125.00

FILED
15 NOV 12 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WANDERLAND ADVENTURES, LLC

7191 SW 3 STREET
PEMBROKE PINES, FL 33023
(954) 667-8385

October 16, 2015

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314

Dear Sirs:

Attached please find my Articles of Organization for a Florida Limited Liability Company, along with a check in the amount of \$125 as the filing fee.

Very truly yours,

A handwritten signature in cursive script that reads "Wanda Gomez".

Wanda Gomez
Manager

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WANDERLAND ADVENTURES, 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:

WANDA GOMEZ

Name of Person

WANDERLAND ADVENTURES, LLC

Firm/Company

7191 SW 3 ST

Address

PEMBROKE PINES, FL 33023

City/State and Zip Code

GOMEZ.EVENT.PLANNER@GMAIL.COM

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

For further information concerning this matter, please call:

WANDA GOMEZ 786 298-8808
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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 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:

WANDERLAND ADVENTURES, 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:

Mailing Address:

7191 SW 3 ST

SAME

PEMBROKE PINES, FL 33023

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:

CHRISTOPHER GOMEZ

Name

2111 NW 82 WAY

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

SUNRISE

FL

33322

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)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 12 PM 2:26

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

MANAGER

Name and Address:

WANDA GOMEZ

7191 SW 3 ST

PEMBROKE PINES, FL 33023

2111 NW 82 WAY

SUNRISE, FL 33322

(Use attachment if necessary)

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

WANDA GOMEZ

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)