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(Requestor's Name)
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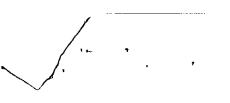


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SECRETARY OF STAT ALLAHASSEE/FLORI

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 11, 2016

IAN EASTERLING WILD HEART ECOJOURNEYS P.O. BOX 626 NAPLES, FL 34106

SUBJECT: WILD HEART ECOJOURNEYS, LLC.

Ref. Number: W16000047923

We have received your document for WILD HEART ECOJOURNEYS, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

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) 245-6052.

Letter Number: 216A00014410

Nadira D McClees-Sams Regulatory Specialist II

www.sunbiz.org

COVERLETTER

TO:	Registration Section Division of Corporations							
SUBJE	Wild Heart Ecojourneys							
30000	CT:Name of	Limited Liabil	ity Company					
The enc	losed Articles of Organization and fee(s	s) are submitted	for filing.					
Please re	eturn all correspondence concerning thi	s matter to the I	ollowing:					
	Ian Easterling							
		Name of	Person					
	Wild Heart Ecojourneys							
	Firm/Company							
	P.O. Box 626							
		Addr	ess					
	Naples, FL, 34106							
	ieasterling0319@gmail.com	City/State an	d Zip Code					
	E-mail address: (to be a	ised for future a	nnual report notification)					
For furthe	er information concerning this matter, pl	ease call:						
1an Easterling		704	840 - 9360					
	Name of Person	Area Code	Daytime Telephone Number					
Enclosed	d is a check for the following amount:							
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifi Certifi	\$160.00 Filing Fee, ed Copy al 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 Liabil	ity Company is:				
Wild Heart Ecojour	neys, LLC.	Liability Com	npany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street					
<u>Princi</u>	pal Office Address:		<u>Mailing Address</u>	:	
5326 News	FL 33907	31~d	P.O. Box 626 Naples, FL 34106		
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	ly cannot serve as its own	Registered Ag	Agent's Signature: gent. You must designate an indivi	dual or	201
The name and the Florida stree	et address of the registered	l agent are:		E AL	2016 JUN 30
	TAF	≥			
	15114 Reef Lane	Name		38.60 1.4.00	
	OT acceptable)		A		
	Bonita Springs	FL	34135		<u>ي</u> 3
	City	State	Zip	دوسي. دوسي	
place designated in this certifica further agree to comply with the	te, I hereby accept the app provisions of all statutes r	ointment as re elating to the p as registered a	for the above stated limited liability gistered agent and agree to act in to proper and complete performance of agent as provided for in Chapter 60	this capacity. of my duties, a	1
	Regist	ered Agent's S	Signature (REQUIRED)		

(CONTINUED)

Page 1 of 2

"AM	<u>Title:</u> "AMBR" = Authorized Member	Member	Name and Address:	
	R" = Manager R/AMBR		Ian Easterling	
			P.O. Box 626 Naples, FL 34106	
MGI	R/AMBR			
MOI	NAMINI		Kevin Cafarelli P.O. Box 626	
			Naples, FL 34106	
(Use	attachment if neces	sary)		
If an effective he date of filit Note: If the d	date is listed, the ang.) ate inserted in this	date must be specific ar	g: (OPTIONAL) and cannot be more than five business days prior to or 90 days applicable statutory filing requirements, this date will not be lived to records.	
ARTICLE VI	Other provisions, i	f any.		
				<u>-</u>
REO	<u>UIRED</u> SIGNATI	URE: C Ent	luoz	_
	This doo	cument is executed in a are that any false information	or an authorized representative of a member. Cordance with section 605.0203 (1) (b), Florida Statutes. Lation submitted in a document to the Department of State as provided for in s.817.155, F.S.	
	_	Ion C. East	evling d or primed name of signee	
		Туре	d 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)