

L16000149120

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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2016 JUN 30 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 216A00014410

RECEIVED

16 AUG 11 AM 10:41

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wild Heart Ecojourneys
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:

Ian Easterling

Name of Person

Wild Heart Ecojourneys

Firm/Company

P.O. Box 626

Address

Naples, FL, 34106

City/State and Zip Code

ieasterling0319@gmail.com

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

For further information concerning this matter, please call:

Ian Easterling

704

840 - 9360

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:

Wild Heart Ecojourneys, 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:

3526 New South Province Blvd
Ft Myers, FL 33907

P.O. Box 626
Naples, FL 34106

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:

Harriet C. Rockwood

Name

15114 Reef Lane

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

Bonita Springs

FL

34135

City

State

Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Harriet C. Rockwood

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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/AMBR

Name and Address:

Ian Easterling

P.O. Box 626

Naples, FL 34106

MGR/AMBR

Kevin Cafarelli

P.O. Box 626

Naples, FL 34106

(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.

Ian C. Easterling

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)

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TALLAHASSEE, FLORIDA