

L200 0001 3488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

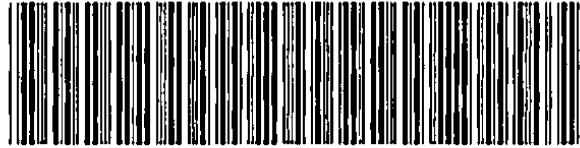
(Business Entity Name)

(Document Number)

Additional Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400338138704

12/28/18--01019--011 \*\*130.00

FILED  
19 DEC 26 AM 11:02  
TALLAHASSEE, FLORIDA

12/26

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** M & S WILD Enterprises 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:

Michael D. Wilde

\_\_\_\_\_  
Name of Person

M & S WILD Enterprises LLC

\_\_\_\_\_  
Firm/Company

4248 Beach View Court

\_\_\_\_\_  
Address

Port Charlotte, FL 33948

\_\_\_\_\_  
City/State and Zip Code

michaeldwilde@gmail.com

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

For further information concerning this matter, please call:

Michael D. Wilde

941

661-6332

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CLE I - Name:

name of the Limited Liability Company is:

M & S WILD Enterprises LLC

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

CLE II - Address:

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

Principal Office Address:

4248 Beach View Court  
Port Charlotte, FL 33948

Mailing Address:

4248 Beach View Court  
Port Charlotte, FL 33948

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

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

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

Michael D. Wilde

Name

4248 Beach View Court

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

Port Charlotte

FL

33948

City

State

Zip

*been named as registered agent and to accept service of process for the above stated limited liability company at the  
esignated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I  
agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I  
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)

FILED  
19 DEC 26 AM 2:00  
HALL COUNTY CLERK'S OFFICE

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Michael D. Wilde  
4248 Beach View Court  
Port Charlotte, FL 33948

AMBR

Stacey A. Wilde  
4248 Beach View Court  
Port Charlotte, FL 33948

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/1/2020. (OPTIONAL)

**When an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after 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 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.

Michael D. Wilde

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)**