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TO: New Filing Section Division of Corporations

Wunderhouse 1, LLC., SUBJECT:

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:

Barry M. Sickles, Sq.

Name of Person

Law Office of Barry M. Sickles, PA

Firm/Company

4662 Coral Ridge Drive

Address

Coral Springs, Florida 33076

City/State and Zip Code

Barry@Sickleslaw.com

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

For further information concerning this matter, please call:

 Barry M. Slekles, Esq.
 954
 255 7360

 Image: state 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)

<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Talfahassee, FL 32314 <u>Street Address</u> 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wunderhouse 1. LLC.,

(Must contain 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:

266 Pine Avenue Lauderdale By The Sea, FLorida 33308 266 Pine Avenue Lauderdale By The Sea, Florida 33308

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:

Barry M. Slekles, Esq. Name 4662 Coral Ridge Drive Florida street address (P.O. Box NOT acceptable) FL Coral Springs 33076 State City 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 l 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)

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ARTICLE IV-

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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	
MGR	BERND KAMMERER 266 PINE AVENUE LAUDERDALE BY THE SEA. FLORIDÀ 33308
MGR	HANA KAMMERER 266 PINE AVENUE LAUDERDALE BY THE SEA, FLORIDA 33308
(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 afte the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

D SIGNATURE:	ev .	
This document is executed in acco	in authorized representative of a memb ordance with section 605.0203 (1) (b), Flo on submitted in a document to the Depart provided for in s.817.155, F.S.	rida Statutes.
NEP.	UD KAMMERER	
	r printed name of signee	_
	<u>iling Fees:</u> a and Designation of Registered Agent	
		ASSEE, FL
		OC.