

L2 0000765726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

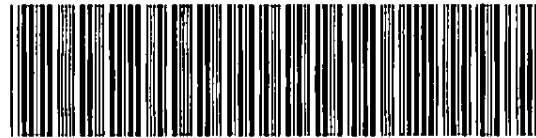
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300350494093

08/17/20--01033--023 \*\*130.00

w200000100558  
Derrick Thompson  
12/03/2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2020

MARK LIGHTMAN  
6315 LEXINGTON COURT, #101  
NAPLES, FL 34110

SUBJECT: EPIPHYTE LLC  
Ref. Number: W20000100558

We have received your document for EPIPHYTE 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):

The document number of the name conflict is L11000112901.

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.

Derrick Thompson  
Regulatory Specialist II

Letter Number: 420A00017037

2020 OCT 19 AM 11:46  
REGULATORY SPECIALIST II  
DERRICK THOMPSON

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ~~EPIDHYTE LLC~~ MYWISDMAKER 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:

MARK LICHTMAN  
Name of Person

~~EPIDHYTE LLC~~ MYWISDMAKER LLC  
Firm/Company

6315 LEXINGTON COURT # 101  
Address

NAPLES, FLORIDA 34110  
City/State and Zip Code

MARKLICHTMAN@BOSGROUPLLC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK LICHTMAN at (301) 332-9001  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

EPICHYTE LLC MY WISHMAKER 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:

6315 LEXINGTON COURT  
101  
NAPLES, FLORIDA 34110

Mailing Address:

6315 LEXINGTON COURT  
101  
NAPLES, FLORIDA 34110


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:

MARK LICHTMAN  
Name  
6315 LEXINGTON COURT #101  
Florida street address (P.O. Box **NOT** acceptable)  
NAPLES FLORIDA 34110  
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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

MARK LIGHTMAN  
6315 LEXINGTON COURT E 101  
NAPLES, FLORIDA 34110

~~\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_~~

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/13/2020 (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.

N/A

**REQUIRED SIGNATURE:**

Mark Lightman

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.

MARK LIGHTMAN

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)