

L22000224436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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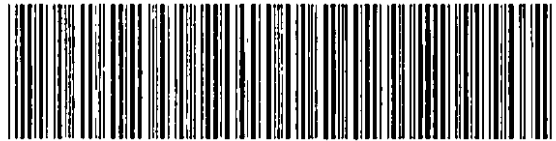
(Business Entity Name)

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**CORPORATE
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1. **WONDER FAMILY, LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

WONDER FAMILY, LLC

ARTICLE II - Address:

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

Principal Office Address:

4319 SCENIC LANE

KISSIMMEE, FL 34746

Mailing Address:

4319 SCENIC LANE

KISSIMMEE, FL 34746

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

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

GINNA L. LONGAS LUNA

4319 SCENIC LANE

KISSIMMEE, FL 34746

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.

/S/GINNA L. LONGAS LUNA

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Members/Managers

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

GINNA L. LONGAS LUNA
HACIENDA FONTANAR, CONJUNTO CANELO
CASA 6
CHÍA, COLOMBIA

AMBR

ALVARO A. MARTINEZ MILLAN
HACIENDA FONTANAR, CONJUNTO CANELO
CASA 6
CHÍA, COLOMBIA

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is May 23, 2022.

REQUIRED SIGNATURE:

/S/ GINNA L. LONGAS LUNA

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.

GINNA L. LONGAS LUNA

Typed or printed name of signer

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DEPT OF STATE
ALL AMBROSIO, FLORIDA
LCLD