

L22000387610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

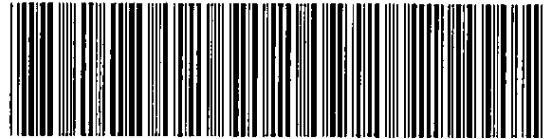
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S. CHATHAM

SEP - 9 2022

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19-07-23-01001-028 \$125.00

ALLAH  
TALLAHASSEE, FLORIDA

2022 SEP - 7 PM 2:42

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 SEP - 9 PM 3:05



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 SEP -9 PM 2:50

TALLAHASSEE, FLORIDA

September 7, 2022

CAPITAL CONNECTION, INC.

SUBJECT: 1118 WILD ROSE LLC  
Ref. Number: W22000113584

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure all addresses are correct, including the zip codes.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 422A00019911

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1118 WILD ROSE LLC

Signature \_\_\_\_\_

Requested by: SETH

09/08/22

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

Art of Inc. File \_\_\_\_\_

LTD Partnership File \_\_\_\_\_

Foreign Corp. File \_\_\_\_\_

L.C. File \_\_\_\_\_

Fictitious Name File \_\_\_\_\_

Trade/Service Mark \_\_\_\_\_

Merger File \_\_\_\_\_

Art. of Amend. File \_\_\_\_\_

RA Resignation \_\_\_\_\_

Dissolution / Withdrawal \_\_\_\_\_

Annual Report / Reinstatement \_\_\_\_\_

Cert. Copy \_\_\_\_\_

Photo Copy \_\_\_\_\_

Certificate of Good Standing \_\_\_\_\_

Certificate of Status \_\_\_\_\_

Certificate of Fictitious Name \_\_\_\_\_

Corp Record Search \_\_\_\_\_

Officer Search \_\_\_\_\_

Fictitious Search \_\_\_\_\_

Fictitious Owner Search \_\_\_\_\_

Vehicle Search \_\_\_\_\_

Driving Record \_\_\_\_\_

UCC 1 or 3 File \_\_\_\_\_

UCC 11 Search \_\_\_\_\_

UCC 11 Retrieval \_\_\_\_\_

Courier \_\_\_\_\_

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
22 SEP - 9 PM 3:05

**ARTICLE I**

**Name**

The name of the Limited Liability Company is:

1118 WILD ROSE LLC

**ARTICLE II**

**Address**

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

**Principal Office Address:**

1118 Wild Rose Drive NE  
Palm Bay, FL 32905

**Mailing Address:**

461 Main Street, Suite 3  
Franconia, NH 03580

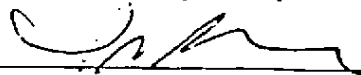
**ARTICLE III**

**Registered Agent, Registered Office & Registered Agent's Signature**

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

Ira R. Shapiro  
16375 NE 18<sup>th</sup> Avenue, Suite 225  
North Miami Beach, FL 33162

*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.*

  
Ira R. Shapiro, Registered Agent

**ARTICLE IV**  
**Management**

The Limited Liability Company is to be managed by one or more managers, and is therefore a manager - managed company.

**ARTICLE V**  
**Persons Authorized to Manage and Control**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Corwin R. McAllister  
461 Main Street, Suite 3  
Franconia, NH 03580

MGR

Jane K. McAllister  
461 Main Street, Suite 3  
Franconia, NH 03580

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DIVISION OF CORPORATIONS  
22 SEP -9 PM 3:05

DocuSigned by:  
Corwin R.  
McAllister  
E1E6B8233F820413

9/7/2022

CORWIN R. MCALLISTER, MGR

*(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)*