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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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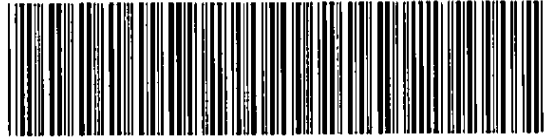
(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 02/09/2023

Name: Jennifer Bialowas

Reference #: 1907447

Entity Name: WILD CREATIONS, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other Upon filing please provide a certified copy

Authorized Amount: 155.00

Signature: [Signature]

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ARTICLES OF ORGANIZATION  
OF  
WILD CREATIONS, LLC

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **Wild Creations, LLC.**

**ARTICLE II: - Address**

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

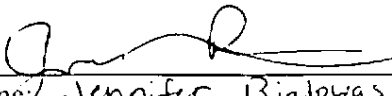
1720 Harrison Street, Suite 6B-1  
Hollywood, Florida 33020

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

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

Cogency Global Inc.  
115 N. Calhoun Street  
Suite 4  
Tallahassee, FL 32301

*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.*

  
Name: Jennifer Bialowas  
Title: Assistant Secretary

**ARTICLE IV: - Management**

The name and address of the individual authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Mark Schonfeld 1720 Harrison Street, Suite 6B-1 Hollywood, Florida 33020

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on February 9, 2023.

  
\_\_\_\_\_  
Mark Schonfeld, Authorized Signer

(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 Section 817.155, Florida Statutes.)

  
\_\_\_\_\_  
Mark Schonfeld

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