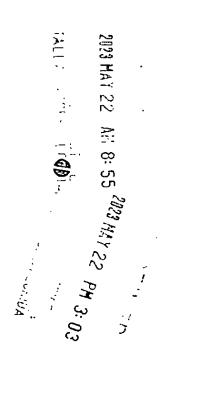


	(Requestor's Name)
	(Address)
	(valuess)
	(Address)
·	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Workshop of Wonders L.L.C	
Please Debit I20000000257 For: 125	
Thank you Seth Neeley	
1 1	
At 1/2/	Art of Inc. 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 Capy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH 05/22	UCC 1 or 3 File
	UCC 1 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO:	New Filing Sec Division of Co				
STID (E/		of Wonders LLC			
SUBJEC	, I :	Name of	Limited Liabil	ity Company	
The encl	osed Articles of	Organization and fee(s)	are submitted	for filing.	
Please re	turn all correspo	ondence concerning this	matter to the	following:	
	Andrew Hoo	k, Esq.			
	•		Name of	Person	
	DeWitt Law	Firm, P.A.			
			Firm/Co	mpany	
	1560 W. Cle	veland Street			
			Addı	ess	
	Tampa, Flor	ida 33606			
	A ndrawboak/	2)dewittlaw.com	City/State ar	d Zip Code	
		E-mail address: (to be us	sed for future a	annual report notificat	ion)
For furthe	r information co	ncerning this matter, plo	ase call:	·	
	Andrew Hoe		813	251-2701	
	Nam	e of Person		Daytime Telephon	e Number
Enclosed	tis a check for t	he following amount:			
	00 Filing Fee	□S130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ag Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallahi 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabil	ity Compaπy is:			
Workshop of Wond	ers LLC			
(Must con	tain the words "Limited Lia	ability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	address of the principal offi	cc of the Limited I	Liability Company is:	
Princip	pal Office Address:		Mailing Address:	
9145 Narcoossee Ro	9145 Narcoossee Rd		9145 Narcossee Rd	
Suite 106 PMB #10	Suite 106 PMB #107		Suite 106 PMB #107	
Orlando, Florida 32	Orlando, Florida 32827		Orlando, Florida 32827	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own R active Florida registration. address of the registered a	egistered Agent. Y)	t's Signature: ou must designate an individual or	
Andrew Hoek, Esq.				
	Ì	Name		
	1560 W. Cleveland Stre	eet		
	Florida street address (P.O. Box NOT ac	ceptable)	
	Таттра	FL	33606	

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.

State

Zip

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized M	ember
"MGR" = Manager	
MGR	Denise Mahmood
	9145 Narcoossee Rd Sie 106 PMB#127
	Orlando Florida 32827
MGR	Alexander Gutierrez
	9145 Narcoossec Rd Ste 106 PMB#127
	Orlando Florida 32827
	<u>.</u>
(Use attachment if necessa	ary)
	(ODT(O)(1))
	er than the date of filing: (OPTIONAL)
	ate must be specific and cannot be more than five business days prior to or 90 days after
ate of filing.)	to the first of the control of the c
	lock does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on th	ne Department of State's records.
ICLE VI: Other provisions, if a	anv
. C.,,, v. 1. o.,, o. p. o., o., o.,	
REQUIRED SIGNATU	RE: — DocuSigned by:
	$ t \gamma \mu\rangle$
<u> </u>	anisone par (Cs
	nature of a member or all authorized representative of a member.
	iment is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
l am awar	re that any false information submitted in a document to the Department of State
constitute	s a third degree felony as provided for in s.817.155, F.S.
170	enise Mahmood
1)6	Typed or printed name of signee
	I voed of brilled game 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)