

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000237234 3)))



H230002372343ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Will@BuildingEasier.com

FLORIDA LIMITED LIABILITY CO.

Wild Ventures VAN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
2023 JUL -6 PM 1:45
CORPORATIONS
COMMERCIAL
SERVICES

SECRETARY OF STATE
ALL FILINGS
JUL 6 2023
AM 9:02

H23000237234 3

**ARTICLES OF ORGANIZATION
OF
WILD VENTURES VAN, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is WILD VENTURES VAN, LLC.

ARTICLE II – Address:

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

211 W. Hanna Avenue
Tampa, FL 33604

ARTICLE III – Registered Agent and Office

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

William N. Daniel
211 W. Hanna Avenue
Tampa, FL 33604

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.

Notarized by:


Signature of Registered Agent

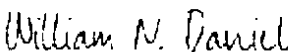
H23000237234 3

ARTICLE IV – Management

The name, title and address of the person authorized to manage and control the Limited Liability Company are:

Title	Name and Address
MGR	William N. Daniel 211 W. Hanna Avenue Tampa, FL 33604

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 6th day of July 2023.

DocuSigned by:

22CEBA4B0D78C48F

Signature of a member or an authorized representative of a member

(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)

William N. Daniel
Typed or printed name of signee