## L23000332366

(F	Requestor's Name	<del>)</del>	
( <i>F</i>	(ddress)		
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,	,		
(0	City/State/Zip/Pho	ne #)	
PICK-UP	☐ WAIT		MAIL
(E	Business Entity Na	ame)	. <del></del>
·	ocument Numbe	r)	
(-		.,	
Certified Copies	Certific	ates of Status	
Special Instructions to Fi	ling Officer:		

Office Use Only



200411827572





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 0	7/14/2023	
	Chris Vick	
Reference #:_		
Entity Name:_	ALYS IN	WONDERLAND, LLC
✓ Articles	of Incorporation/Authoriza	ation to Transact Business
Amendr	ment	
☐ Change	of Agent	
Reinsta	tement	
Convers	sion	
Merger		
☐ Dissolut	tion/Withdrawal	
☐ Fictitiou	s Name	
✓ Other_	CER	TIFIED COPY UPON FILING
Authorized Am Signature:	ount: \$155.00	



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

Account#: I20000000088

Date:	07/14/2023	
	Chris Vick	
Reference #	0000004	
Entity Name	a:ALYS	IN WONDERLAND, LLC
		orization to Transact Business
Amer	ndment	
☐ Chan	ige of Agent	
Reins	statement	
Conv	ersion	
☐ Merg	er	
Disso	olution/Withdrawal	
☐ Fictiti	ous Name	
✓ Othe	r C	ERTIFIED COPY UPON FILING
Authorized /	Amount: \$155	00

F: +852.2682.9790

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	bility Company is:		
Alys in Wonderla	and, LLC	-	
(Must c	conatin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	et address of the principal o	office of the Limited	Liability Company is:
Principal Office Address:			Mailing Address:
3625 N. Hall Stre Dallas, TX 75219		<u> </u>	
(The Limited Liability Companother business entity with	oany cannot serve as its own an active Florida registrati	n Registered Agent. on.)	
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	oany cannot serve as its own an active Florida registrati- eet address of the registere	n Registered Agent. on.) d agent are:	
(The Limited Liability Companother business entity with	oany cannot serve as its own an active Florida registrati	n Registered Agent. on.) d agent are:	
(The Limited Liability Companother business entity with	oany cannot serve as its own an active Florida registrati- eet address of the registere	n Registered Agent. on.) d agent are: . Name	
(The Limited Liability Companother business entity with	any cannot serve as its own an active Florida registrative eet address of the registere  Cogency Global Inc.  115 North Calhoun	n Registered Agent. on.) d agent are: . Name	You must designate an individual or
(The Limited Liability Companother business entity with	any cannot serve as its own an active Florida registrative eet address of the registere  Cogency Global Inc.  115 North Calhoun	n Registered Agent. on.) d agent are: . Name Street, Suite 4	You must designate an individual or

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..

Cogency Global Inc.

By Cores Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	Landon Smith 3625 N. Hall Street, Suite 720 Dallas, TX 75219
(Use attachment if necessary)	
(If an effective date is listed, the date must be a the date of filing.)	specific and cannot be more than five business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed as nt of State's records.
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE - Docusing	gned by:
This document is exec I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Janet A. Katz, Authorized Representative

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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