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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. WILDER ON TOUR LLC

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March 12, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GERALD WEINBERG, P.C.

SUBJECT: WILDER ON TOUR LLC

REF: W24000040118

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Date/Time: Mar. 11. 2024 4:03PM

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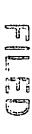
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PLORIDA LIMITED LIABILITY CO. WILDER ON TOUR LLC

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No. 1278 P. 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

WILDER ON TOUR LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3000 MARCUS AVENUE	3000 MARCUS AVENUE		
SUITE IWS	SUITE IWS		
LAKE SUCCESS, NY 11042	LAKE SUCCESS, NY 11042		

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration)

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

Incorporating Service	s, Ltd.			
	Name			
1540 Glenway Drive				
Florida street address (P.O. Box NOT acceptable)				
TALLAHASSEE	FLORIDA	32301		
City	State	Zip		

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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

/s/ MELISSA MOREAU ASSIST. SECRETARY

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETAIN OF STATE

424 0000941903

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR/MGR	TIPFANY WILDER 3000 MARCUS AVENUE SUITE IWS LAKE SUCCESS, NY 11042
····	
(Use attachment if necessary)	
If an effective date is listed, the date must he date of filing.)	be date of filing:
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	anneare a Kineck

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

LAWRENCE KIRSCH
Typed or printed name of signee

AMILHAR 17 OH 2: 75
SECRETAL DE STATE

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