

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**12400094790120042**

**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.**

((H24000094790 3)))



H240000947903ABC2

**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 : 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**

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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2024 MAR 13 PM 9:27

**FILED**

2024 MAR 13 PM 9:19  
 (7)

Mar. 13, 2024 9:21AM

No. 1278 P. 2



March 12, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GERALD WEINBERG, P.C.

SUBJECT: WILDER ON TOUR LLC  
REF: W24000040118

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

FAX Aud. #: H24000094790  
Letter Number: 424A00005386

Mar. 13. 2024 9:21AM

No. 1278 P. 3  
P. 1

\* \* \* Communication Result Report { Mar. 11. 2024 4:11PM } \* \* \*  
}}}

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

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
1273 Memory TX	18506176381	P. 3	OK	

Reason for error

- |                              |   |
|------------------------------|---|
| 1) Hang up or line fail      | E. 2) Busy                                |
| 3) No answer                 | E. 4) No facsimile connection             |
| 5) Exceeded max. E-mail size | E. 6) Destination does not support IP-Fax |
| 7) FAX Line is not connected |   |

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

(((E124000094790 3)))



FOR CONFIDENTIALITY

FROM: 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 : (813) 417-6363

From: Account Name : GILAD LIMITED, P.C.  
Account Number : 17003000043  
Phone : (800) 342-2024  
Fax Number : (800) 754-2183

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

Email Address:

FLORIDA LIMITED LIABILITY CO.  
WILDER ON TOUR LLC

Certificate of State	1
Certified Copy	0
Page Count	03
Estimated Charge	\$113.00

Electronic Filing Menu Corporate Filing Menu Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000, MAR 19 PM 0.07

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

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:3000 MARCUS AVENUE  
SUITE 1W5  
LAKE SUCCESS, NY 11042Mailing Address:3000 MARCUS AVENUE  
SUITE 1W5  
LAKE SUCCESS, NY 11042

## ARTICLE III - Registered Agent, Registered Office, &amp; 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 Services, Ltd.

Name

1540 Glenway DriveFlorida 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 duties, 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)

FILED

MAR 13 09 21 AM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H24 0000947903

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR:

TIFFANY WILDER

3000 MARCUS AVENUE SUITE 1W5

LAKE SUCCESS, NY 11042

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:** *Lawrence A. Kirsch*

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

0001 MAR 17 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H24 0000 947903