

4/5/24, 8:52 AM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : WEISS SEROTA HELFMAN COLE & BIERMAN PL
Account Number : I20220000155
Phone : (305)854-0800
Fax Number : (305)854-0800

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

Email Address: fruiz@wsh-law.com

**FLORIDA LIMITED LIABILITY CO.
Wild Real Estate Partners LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
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Corporate Filing Menu

Help

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Wild Real Estate Partners LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fabio Giallanza

Name of Person

Weiss Serota Helfman Cole + Bierman, P.L.

Firm Name

2800 Ponce De Leon Boulevard, Suite #1200

Address

Coral Gables, Florida 33146

City/State and Zip Code

fgiallanza@wsh-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabio Giallanza

305

854-0800

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wild Real Estate Partners 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:3061 Ohio Street, Miami, Florida 33133Mailing Address:3061 Ohio Street, Miami, Florida 33133

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:

Fabio GiallanzaNAME2800 Ponce De Leon Boulevard, Suite #1200Florida street address (P.O. Box **NOT** acceptable)Coral GablesFlorida33146CityStateZip

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 ~~his~~ 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, FS**

DocuSigned by:

Fabio Giallanza67181E1561B04652 Registered Agent's Signature **(REQUIRED)**

(CONTINUED)

FILED

2024 APR -5 PM 4:04

TALLAHASSEE, FLORIDA

S 5.00 Certificate of Status (Optional)

FILED
2024 APR -5 PM 4:04
TALLAHASSEE
FLORIDA
per.
Florida Statutes,
Department of State