

4/5/24, 8:52 AM

L24000159053

Florida Department of State  
 Division of Corporations  
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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  
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 TALLAHASSEE, FLORIDA

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Email Address: fruib@wsh-law.com

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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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 Scrota Helfman Cole + Bieman, P.L.  
Firm/Company

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

DocuSign Envelope ID: BEAD7C12-BC72-45E1-BC4E-CE799C8D988E

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.")

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TALLAHASSEE, FLORIDA

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 33133

Mailing 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 Giallanza

IND

2800 Ponce De Leon Boulevard, Suite #1200

Florida street address (P.O. Box **NOT** acceptable)

Coral Gables

Florida

33146

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 ~~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 Giallanza

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

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Pablo Nuno  
3061 Ohio Street, Miami, Florida 33133

MGR

Francisco Javier Garcia Hernandez

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

Pablo Nuno

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.

PABLO NUNO

Typed or printed name of signor

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**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)