

L24000173814

Division of Corporations
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To: Division of Corporations
Fax Number: (454)617-6181

From: Account Name: GLOBAL SUCCESS INVESTMENTS, LLC
Account Number: 120200000016
Phone: (454)983-4836
Fax Number: (454)246-0340

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.
WonderWander LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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2021 APR 11 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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32001

4-11-24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H240001162203

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wonder Wander 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:

16051 Collins Ave Apt 2703
Sunny Isles Beach, FL, 33160

16051 Collins Ave Apt 2703
Sunny Isles Beach, FL, 33160

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:

Tax Care Pembroke Pines
Name

12555 Orange dr, suite 205
Florida street address (P.O. Box NOT acceptable)

Davie FL 33330
City State Zip

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TALLAHASSEE, FLORIDA

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I, 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 905, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

1539000162203

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

<u>AMBR</u>	<u>MATY ALARCON</u>	_____
_____	<u>16051 Collins Ave APT 2703</u>	_____
_____	<u>Sunny Isles Beach, FL 33160</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(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:

Maty Alarcon

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.817.185, F.S.

MATY ALARCON
Typed or printed name of signer.

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)