

L240000193134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

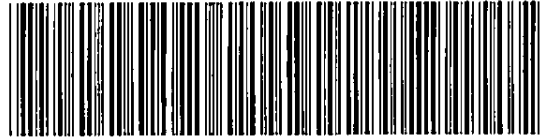
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/09/24--01028--017 **130.00

FILED
2024 FEB -9 PM 3:10
SEC. CLERK OF STATE
MISSISSIPPI

T. MATTHEWS

APR 30 2024

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2024

TRAVIS M. SMITH
9230 GETTYSBURG RD
BOCA RATON, FL 33434 US

SUBJECT: WISHING STAR LLC
Ref. Number: W24000037032

We have received your document for WISHING STAR LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000294062.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews
Regulatory Specialist II

Letter Number: 624A00004890

COVER LETTER

**TO: New Filing Section
Division of Corporations**

Wishing Star Delivery LLC

SUBJECT: _____
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:

Travis M Smith

Name of Person

Firm/Company

9230 Gettysburg Rd.

Address

Boca Raton, FL 33434

City/State and Zip Code

Wishingstardelivery@gmail.com

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

For further information concerning this matter, please call:

Travis M Smith

954

802-2605

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2024 FEB -9 PH 3: 10

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wishing Star Delivery LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9230 Gettysburg Rd.

Boca Raton, FL 33434

9230 Gettysburg Rd.

Boca Raton, FL 33434

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:

Travis M Smith

Name

9230 Gettysburg Rd.

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

Boca Raton

FL

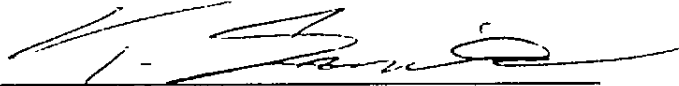
33434

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

AMBR

Travis M Smith

9230 Gettysburg Rd.

Boca Raton FL, 33434

AMBR

Cynthia D Smith

3399 Foxcroft Rd Unit 312

Miramar FL, 33025

AMBR

Tatiana Parra

9230 Gettysburg Rd.

Boca Raton FL, 33434

(Use attachment if necessary)

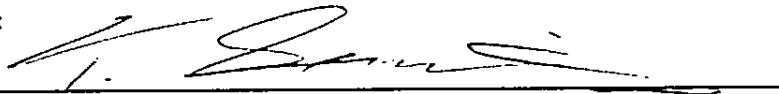
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Travis M Smith

Typed or printed name of signee

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)