

L24000327727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

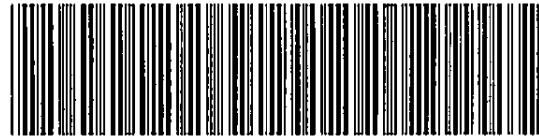
(Document Number)

Certified Copies \_\_\_\_\_

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Special Instructions to Filing Officer:

Office Use Only



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ALLAHACSEE, FLORIDA

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**CORPORATE  
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**WALK IN**

**PICK UP:** BROOK 7/25

CERTIFIED COPY \_\_\_\_\_

XX PHOTOCOPY \_\_\_\_\_

GS \_\_\_\_\_

XX FILING LLC \_\_\_\_\_

1. WONKY HEARTS PRODUCTION LLC \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

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

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2021 JUL 29 PM 9:47  
TALLAHASSEE, FLA

**COVER LETTER**

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

**SUBJECT:** Wonky Hearts Production  
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:

Maria McGrath  
\_\_\_\_\_  
Name of Person

Nishad Khan, P.L.  
\_\_\_\_\_  
Firm/Company

1303 N. Orange Ave  
\_\_\_\_\_  
Address

Orlando, FL 32804  
\_\_\_\_\_  
City/State and Zip Code

Patricia@NishadKhanLaw.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Maria McGrath 407 228-9711  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wonky Hearts Production 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:

14957 SW 26 Terrance

Miami, FL 33185

Mailing Address:

1303 N. Orange Ave

Orlando, FL 32804

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:

Nishad Khan, P.L.

Name

1303 North Orange Avenue

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

Orlando

Florida

32804

City

State

Zip

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NOTARIZED  
NOTARY PUBLIC  
STATE OF FLORIDA

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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.

DocuSigned by

Mr. Nishad Khan, Esq.

BB478D31978034

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Member

Abbey R Suarez

14957 SW 26 Terrace

Miami, FL 33185

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