

L22000224436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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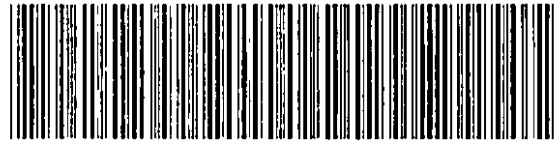
(Business Entity Name)

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- CERTIFIED COPY _____
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1. WONDER FAMILY, 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 #)

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

WONDER FAMILY, LLC

ARTICLE II - Address:

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

Principal Office Address:

4319 SCENIC LANE

KISSIMMEE, FL 34746

Mailing Address:

4319 SCENIC LANE

KISSIMMEE, FL 34746

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

GINNA L. LONGAS LUNA

4319 SCENIC LANE

KISSIMMEE, FL 34746

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STATE OF FLORIDA
DEPARTMENT OF STATE

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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.

/S/GINNA L. LONGAS LUNA

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Members/Managers

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

AMBR

GINNA L. LONGAS LUNA
HACIENDA FONTANAR, CONJUNTO CANELO
CASA 6
CHÍA, COLOMBIA

AMBR

ALVARO A. MARTINEZ MILLAN
HACIENDA FONTANAR, CONJUNTO CANELO
CASA 6
CHÍA, COLOMBIA

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is May 23, 2022.

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DEPT. OF STATE
TALLAHASSEE, FLORIDA
LED

REQUIRED SIGNATURE:

/S/ GINNA L. LONGAS LUNA

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.

GINNA L. LONGAS LUNA

Typed or printed name of signer