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OCT 17 2014 T CLINE 2014 OCT 14 RM RET 30 SECRETARY OF STATES

COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJE	ECT: The Wilderness Band, LLC	
	Name of Limited Liability Company	**************************************
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	Eliseo Gomez	<u> </u>
	Name of Person	
	The Wilderness Band, LLC	
	Firm/Company	
	• •	
	1128 Macon Drive	20 CAR 10
	Address	
		1
	Titusville, FL 32780	
	City/State and Zip Code	59 m
	eliseogregory@gmail.com	30 30
	E-mail address: (to be used for future annual report	
For furt	ther information concerning this matter, please call:	
	Eliseo Gomez at (321) 684-9503	
	Name of Person Area Code Daytime Telepho	one Number
Enclose	ed is a check for the following amount:	
]\$ 125.00	Of Filing Fee \$\times 130.00\$ Filing Fee \$\times Certificate of Status Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive CenterTallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKI	CLESOF ONGANIZATIO	NEOKELOKIDAL	AIVII I EAFLAADILA I	1 COMPANI
ARTICLE I - Name: The name of the Limite	d Liability Company is:			, c
	The Wilder	nasa Dand II	•	
	I HE VVIIGER flust end with the words "	ness Band, LI		" or "LLC")
		Diffiled Didoliky	zompuny, b.b.c.,	, or abe.)
ARTICLE II - Address The mailing address and	s: d street address of the prir	acipal office of the	Limited Liability	Company is:
Principal Office Addr		Mailing Addres		
	acon Drive		1128 Maco	
Titusville	, FL 32780		Titusville, FL	_32780
(The Limited Liability (another business entity	cered Agent, Registered (Company cannot serve as with an active Florida region of the	its own Registered gistration.)	l Agent. You must	designate an individual or
	El	iseo Gomez		
		Name		_
	1128	Macon Drive		
	Florida street address (P	O. Box NOT acc	eptable)	_
	Titusville	FL_	32780	
	City		Zip	
the place designated capacity. I further ag	d in this certificate, I herel gree to comply with the pro am familiar with and accep	by accept the appor evisions of all statu	intment as register tes relating to the f f my position as re	e stated limited liability company at ed agent and agree to act in this proper and complete performance gistered agent as provided for in
	(CO	NTINUED)		2014 ÓCT SEGRETA
	P	age 1 of 2		2014 OCT 14 PANE 30 SECRETARY OF STATE SECRETARY OF

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Eliana Camaz
AIVIDH	Eliseo Gomez 1128 Macon Drive
	Titusville, FL 32780
AMBR	
AMBR	
 	
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.)	of filing: <u>01/01/2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
(Use attachment if necessary) E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: 01/01/2015. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
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E V: Effective date, if other than the date extive date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation unlimited and any false in	mber or an authorized representative of a member. 505.0203 (1) (h), Florida Statutes, the execution of this document neder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
E V: Effective date, if other than the date extive date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation unlimited and aware that any false in	mber or an authorized representative of a member. 505.0203 (1) (h), Florida Statutes, the execution of this document neder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
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ARTICLE IV-