

Mark E. Benker
 Requester's Name
 402 Wilson Ave. C
 Address
 Tallahassee, FL 32303 224-3271
 City/State/Zip Phone #

L01000004872
 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Wild Florida, LLC
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

800003929448--5
 -03/29/01--01070--008
 ***125.00 ***125.00

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

01 MAR 29 AM 11:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 APPROVED
 AND
 FILED

Examiner's Initials MB 32A-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name: Wild Florida, LLC

**ARTICLE II- Address: 23248 Nutall Rise Drive
Lamont, Florida 32336**

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

Mark E. Becker
Name

23248 Nutall Rise Drive
Florida Street Address

Lamont, Florida 32336
City, State, and 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 in Chapter 608, Florida Statutes.



Registered Agent's Signature

ARTICLE IV- Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark E. Becker
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR 29 AM 11:24

APPROVED
AND
FILED