Requester's Name 402 Wilson Ave. C Address Tallahasset F 32303 2 City/State/Zip Phone # CORPORATION NAME(S) & DOCUM	
1. UIB F ONGO, LLC (Corporation Name)	(Document #)
Corporation Name (Corporation Name) (Corporation Name)	(Document #) 800039294485 -03/29/0101070008 ****125.00 ****125.00 (Document #)
4 (Corporation Name)	(Document #)
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Walk in Pick up time	Certified Copy
Mail out Will wait	Photocopy
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 REGISTRATION/QUALIFICATION
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION
CR2E031(7/97)	Examiner's Initials 70

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.

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.

Registered Agent's Signature

(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.)

<u>Mark E. Becker</u> Typed or printed name of signee SECHETARY OF STATE

APPROVED