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March 15, 2002

Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

400005136404--6  
-03/20/02--01042--008  
\*\*\*160.00 \*\*\*160.00

To Whom It May Concern:

The mailing address of Wild Lands Group, LLC is P.O. Box 37 Lamont, FL 32336. The daytime telephone number is 997-6539 or by cellular phone at 509-9880.

Sincerely,

*Virginia B. Wetherell*  
Virginia Wetherell

FILED  
2002 MAR 20 PM 1:49  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

W02-8606  
J. BRYAN MAR 27 2002

J. BRYAN MAR 28 2002



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 27, 2002

VIRGINIA WETHERELL  
PO BOX 37  
LAMONT, FL 32336

SUBJECT: WILD LANDS GROUP, LLC  
Ref. Number: W02000008606

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2002 MAR 20 PM 1:49  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for WILD LANDS GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Joey Bryan  
Document Specialist  
Tax Liens

Letter Number: 402A00018342

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Wild Lands Group, LLC

## ARTICLE II - Address:

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

mailing: P.O. Box 37 street: Oakhill Plantation  
Lamont, FL 32336 Hwy 27

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

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

Virginia Wetherell

Name

Oakhill Plantation, Hwy 27

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

Lamont, FL 32336

City, State, and Zip

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*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 608, F.S.*

Virginia B Wetherell

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

Virginia B Wetherell

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.)

Virginia Wetherell

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)