

**W040000091489**

**Florida Department of State**  
**Division of Corporations**  
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To: Division of Corporations  
 Fax Number : (850) 205-0383

From: Account Name : DAVID J. WIENER, P.A.  
 Account Number : I20040000023  
 Phone : (561) 366-9144  
 Fax Number : (561) 366-9145

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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**Our Wildcatter, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

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**W04-91489**  
*[Signature]*  
 12/17/2004

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Our Wildcatter, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David J. Wiener, Esq.

(Name of Person)

David J. Wiener, P.A.

(Firm/Company)

One North Clematis Street, Suite 305

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Joanne Capuano

(Name of Person)

at ( 561 ) 366-9144

(Area Code &amp; Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Our Wildcatter, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**One North Clematis StreetSuite 305West Palm Beach, FL 33401**Mailing Address:**One North Clematis StreetSuite 305West Palm Beach, FL 33401**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

David J. Wiener, Esq.

Name

One North Clematis Street, Suite 305Florida street address (P.O. Box **NOT** acceptable)West Palm BeachFL

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 for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRJohn W.S. PrestonOne North Clematis Street, Suite 305West Palm Beach, FL 33401MGRStephen S.B. PrestonOne North Clematis Street, Suite 305West Palm Beach, FL 33401MGRRobert S. Green2851 John Street, Suite OneMarkham, Ontario L3R 5R7 Canada

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.****REQUIRED SIGNATURE:**  
\_\_\_\_\_  
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.)

Stephen S.B. Preston

Typed or printed name of signer

**Filing Fees:****\$125.00 Filing Fee for Articles of Organization and Designation****of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

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MAILED  
JAN 17 2005  
FLORIDA

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