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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

7010 APR - 2 AMII:

C. LEWIS

APR 5 2010

EXAMINER

* COVER LETTER •

| TO: Registration S Division of Co | | | | |
|---|---|-----------------------------|-------------------------------|---|
| Division of Co | n por acions | | | |
| SUBJECT: Wildgan | | | | |
| | Name of Limit | ed Liability Con | npany | |
| een 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 1 20 10 01 | • | |
| The enclosed Articles o | f Organization and fee(s) are | submitted for fil | ıng. | |
| Please return all corresp | ondence concerning this matt | ter to the followi | ng: | |
| Edsel F. Matt | hews, Jr. | | | |
| | | Name of Person | | |
| Edgel E Mott | hows Ir DA | | | |
| Edsel F. Wall | hews, Jr., P.A. | Firm/Company | | |
| | | | | |
| 308 S. Jeffers | son Street | Address | | |
| | | Address | | |
| Pensacola, Fl | L 32502 | | | |
| | Cit | y/State and Zip Co | ode | |
| michael_cole(| @bellsouth.net E-mail address: (to be used : | for fiture appual r | enort notification | <u> </u> |
| | | | eport nonneation, | , |
| For further information | concerning this matter, please | e call: | | |
| Edsel F. Matthews, | , Jr. | at (850 | ,432-130 | 0 |
| | of Person | | ode & Daytime To | elephone Number |
| | | | | |
| Enclosed is a check for | or the following amount: | | | |
| □\$125.00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | ■\$155.00 Fi Certified 0 | - | □ \$160.00 Filing Fee, Certificate of Status & |
| | Certificate of Status | | opy is enclosed) | Certified Copy |
| | | | | (additional copy is enclosed) |
| | Mailing Address | Street | Courier Addre | ee |
| | Registration Section | Registi | ration Section | |
| | Division of Corporations P.O. Box 6327 | | on of Corporation Building | ons |
| | Tallahassee, FL 32314 | 2661 E | Executive Center | |
| • | | Tallah | assee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the L | imited Liability Co | ompany is: | |
|--|---|---|-----------------------|
| Wildgame Ink, | | | |
| (M | fust end with the words "L | Limited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - A | | ss of the principal office of the Limited | Liability Company is: |
| Principal Office | Address: | Mailing Address: | |
| 5817 Gulf Road | | 5817 Gulf Road | |
| Milton, FL 32583 | | Milton, FL 32583 | |
| The Limited Liability (business entity with an | Company cannot serve as a active Florida registration Florida street addres Edsel F. Matthew 308 S. Jeffersor | ess of the registered agent are: NS, Jr., P.A. Name Street ida street address (P.O. Box NOT acceptable) | TALLAHASSEE, FI |
| | Pensacola | FL 32502 | |
| | | 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED

2010 APR -2 AM H: 29

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

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| <u>Title:</u> | | Name and Address: |
|----------------------|--|---|
| "MGR" = Manag | | |
| "MGRM" = Man | aging Member | |
| MGRM | | Michael Cole |
| | ·· · | 5817 Gulf Road |
| | | Milton, FL 32583 |
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| (Use attachment i | f necessary) | |
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| CLE V: Effective of | late, if other than the | date of filing: (OPTIONAL) |
| | | specific and cannot be more than five business days prior |
| 00 days after the da | te of filing.) | |
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| REQUIRED SIG | GNATURE: | |
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| | Still | toles |
| | Signature of a member | r or an authorized representative of a member. |
| | (In accordance with sec | tion 608.408(3), Florida Statutes, the execution |
| | of this document constitute that the facts stated here | tutes an affirmation under the penalties of perjury |
| | | |
| | Michael Cole | |
| | | ped or printed name of signee |
| Filing Fees; | | ped or printed name of signee |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)