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Will Burne

SECRETARY OF STATE

T. Bussh JUN i d

COVER LETTER

Div	ision of Cor	porations					
SUBJECT:	W	ild Via	deo	LLC	-		_
			Name of Li	mited Liabil	ity Company		_
The enclosed	d Articles of	Organization	and fee(s) ar	re submitted	for filing.		
Please return	all correspo	ndence conc	erning this m	atter to the f	ollowing:		
-		Davi	d	Collin	15 Person		
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For further inf	formation cor	ncerning this	matter, pleas	e call:			
			at (951-		
	Name	of Person	Α	rea Code	Daytime Telepl	none Number	
Enclosed is a	check for th	e following a	amount:				
\$125.00 Fili	ng Fee	\$130.00 Fi Certificate	_	Certific	0 Filing Fee & ed Copy al copy is enclosed	Certifica) Certified	Filing Fee, te of Status & Copy copy is enclosed)

Mailing Address

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2015

DAVID COLLINS 9505 FOX TROT LANE BOCA RATON, FL 33496

SUBJECT: WILD VIDEO LLC Ref. Number: W15000036827

We have received your document for WILD VIDEO 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return 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) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 615A00010992



ARTICLE II - Name: The name of the Limited Liability Company is: Wild Wideo LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 9505 Fox Tot Lane B2(9 Agish fL 33496 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

David Colling
Name

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

Boca Raton FL 3349

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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