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2. (Corporation Name)	(Document #)	I2: 57 STATE FLORIDA
3. (Corporation Name)	(Document #)	
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☐ Walk in ☐ Pick up time		Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R. Change of Regist Dissolution/With Merger	
OTHER FILINGS	REGISTRATION/Q	<u>UALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partnersh Reinstatement Trademark Other	nip
		Examiner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 22, 2002

JAME WILLIAMS 13810 SUTTON PARK DR. #1222 JACKSONVILLE, FL 32224

SUBJECT: WIZARDS ON WHEELS Ref. Number: W02000024428

We have received your document for WIZARDS ON WHEELS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a foreign limited liability company must end with "L.L.C," "L.C.," "Limited Liability Company," or "Limited Company." Please amend your application accordingly.

The document must contain the names and street addresses of the members or managers of the limited liability company.

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) 245-6094.

Letter Number: 302A00049394

Agnes Lunt Document Specialist PILLE OF STATES
ECRETARY OF STATES
LLAHASSEE, FLORIDER
hee

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FORFIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Uelaware
(Jurisdiction under the law of which foreign limited liability

3. 30-0102287
(FEI number, if applicable) Year limited liability company will cease to (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 13810 Sutton Park Dr. N. 8. If limited liability company is a manager-managed company, check here 57 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) supeter Services 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) IAMES W. Williams

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
(O) izArds ON Wheels	TAT SEG	8	
2. The name and the Florida street address of the registered agent and office are:		NC 30	FILE
James W. Williams	F.F.F.S	PH 12	Ü
(Name)	율	12: 57	
13810 Sutton PARK Dr. N. #122	۳. ح		-
Florida street address (P.O. Box NOT ACCEPTABLE)			
JA-cl/savville FL 32224 (City/State/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.

(Signature)

\$ 100.00 Filing Fee for Application </ri>
\$ 25.00 Designation of Registered Agent </ri>
\$ 30.00 Certified Copy (optional)</ri>
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WIZARDS ON WHEELS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF AUGUST, A.D. 2002.

02 AUG 30 PM I2: 57 SECRETARY OF STATE

3546423 8300 020520296

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 1940349

DATE: 08-16-02