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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

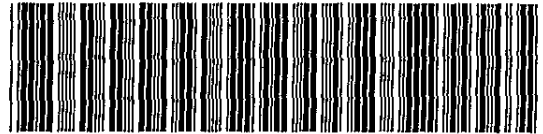
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04 JAN -5 PM 5:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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WILD WEST IMPORTS L.L.C.  
7395 NW 83<sup>RD</sup> CT.RD.  
OCALA, FL. 34482

January 2, 2004

Florida Dept. of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Fl. 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Dear Sirs:

I am enclosing an application to register a foreign limited liability company to transact business in Florida, and an original certificate of existence from the state of Delaware.


As instructed, I am also enclosing a check in the amount of \$ 100.00 filing fee for application and \$ 25.00 for designation of registered agent (total \$ 125.00).

I understand I will receive by mail a letter of acknowledgment free of charge from the state of Florida.

If anything else is required, please contact me at the above address or at 352-351-8452.

Thank you.

Sincerely,

  
Priscilla Banks  
Member

Enclosures

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. WILD WEST IMPORTS L.L.C.  
(Name of foreign limited liability company)
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. OCT. 17, 2003  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 1/2/04  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 7395 NW 83<sup>rd</sup> CT. RD.  
Ocala, FL 34482  
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are  
SAME AS #7

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.)

11. Nature of business or purposes to be conducted or promoted in Florida: SALE OF GIFT ITEMS

Priscilla Banks  
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.)

PRISCILLA BANKS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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: —

WILD WEST IMPORTS, L.L.C.

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

PRISCILLA BANKS

(Name)

7395 NW 83<sup>rd</sup> CT. RD

Florida street address (P.O. Box **NOT** ACCEPTABLE)

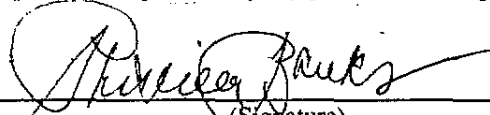
OCALA

FL

34482

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
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

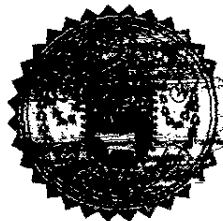
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TALLAHASSEE, FLORIDA

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WILD WEST IMPORTS L.L.C." 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 THIRTEENTH DAY OF DECEMBER, A.D. 2003.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3716665 8300

AUTHENTICATION: 2810430

030760320

DATE: 12-13-03