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S. ROBERTS

APR 1 1 2023

COVER LETTER

TO:

Registration Section

Div	ision of Corporations				
SUBJECT:	Patricia Wilson	Medici, LLC imited Liability Company			
		any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida.			
Please return	all correspondence concerning this matter to the	following:			
		ne of Person			
		Wilson Media, LLC			
	Firm/Company				
	7160 E. K	rierland Blvd. #916 Address			
	Scottsda	le, AZ. 85254			
	City/St	ate and Zip Code			
	Patricia @ b	randicHage. Com			
	E-mail address: (to be used	for future annual report notification)			
For further in	nformation concerning this matter, please call:				
	Patricial Wilson	at (404) 408 - 2/10 Area Code Daytime Telephone Number			
	Name of Contact Person	Area Code Daytime Telephone Number			
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Plea	losed is a check for the following amount: ase make check payable to: FLORIDA DEPART \$125,00 Filing Fee & Certificate of Stat	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate			

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

COMPANYTOTRANSACTBU 1 PGTV IC	TION 605.0002 FLORIDA STATUTES THE SINESS INTHE STATE OF FLORIDA:	lice, LLC		IGN TIMITED LIABILITY
, <u> </u>	imited Liability Company, must include "Lin	med Danniy Company.		inv," "L.L.C." or "LLC.")
	Georgia		1 – 18405 64 (Flit number, if applicab	(le)
4	(Date first transacted business in Florida, if prio (See sections 605 0904 & 605 0905; F.S. to det	or to registration) termine penalty liability)		
5. 5336 V (Street Address of Principal Office)	ynterhall_	6(Mailing	7-160 E.KI	ierland Blud
Dunwood	1. 6A.		#916	
303	338		5 Cott Sdale	AZ.85254
7. Name and street addres	s of Florida registered agent: (P.O. E	Box NOT acceptable)		20??
Name:	MA	Brett	W. Wils	on ;
Office Address:	8116 E. Cou	inty Hwy	30A#7	· -
	Inlet Beach	Flo	orida <u>324</u> 6/	<u></u>
designated in this applicat to comply with the provision	tance: gistered agent and to accept service of ion, I hereby accept the appointmen ons of all statutes relative to the proj of my position as registered agent.	it as registered agent (and agree to act in this cap	pacity. I further agree –

Control Number: 0470642

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PATRICIA WILSON MEDIA, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24857165
Date Inc/Auth/Filed: 11/29/2004
Jurisdiction : Georgia

Print Date : 03/22/2023 Form Number : 211

1776

Bred Raffensperge.

Brad Raffensperger Secretary of State