

M24000011795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

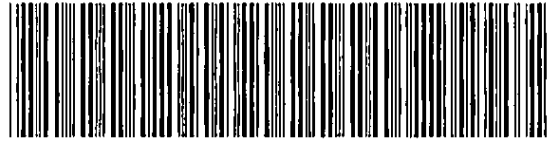
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-127360

Office Use Only



600435150006

09/10/24--01005--005 **125.00

RECEIVED

2024 SEP 10 AM 10:29

SEP 10 10 10 AM '24
FBI MASSACHUSETTS

2024 SEP 13 PM 4:29

SEP 13 4 29 PM '24
FBI MASSACHUSETTS

SEP 10 2024

K. Brumbley

Corrected



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2024

CORP ACCESS

SUBJECT: WILD TRIBUTE LLC
Ref. Number: W24000127360

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 424A00020288

RECEIVED

2024 SEP 13 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 9/10

CERTIFIED COPY

XX PHOTOCOPY

GS

XX FILING

FOREIGN LLC

1. **WILD TRIBUTE, LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Wild Tribute LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Utah
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-1215607
(FEI number, if applicable)

4. 09/19/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1098 Evergreen Street
(Street Address of Principal Office)

6. 1098 Evergreen Street
(Mailing Address)

San Diego, CA 92106

San Diego, CA 92106

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

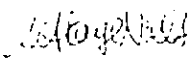
Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln. Ste. A

Tallahassee, Florida 32308
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Samantha Niels, Assistant Secretary
(Registered agent's signature)

2024 SEP 13 PM 4:29

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Brian Stowers

☒ Member Address: 1098 Evergreen Street

☐ Authorized San Diego, CA 92106

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Sean Stowers

☒ Member Address: 1098 Evergreen Street

☐ Authorized San Diego, CA 92106

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Benten Kieffer

☒ Member Address: 1098 Evergreen Street

☐ Authorized San Diego, CA 92106

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: James Green

☒ Member Address: 1098 Evergreen Street

☐ Authorized San Diego, CA 92106

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

/s/ Brian Stowers

Signature of an authorized person

Brian Stowers



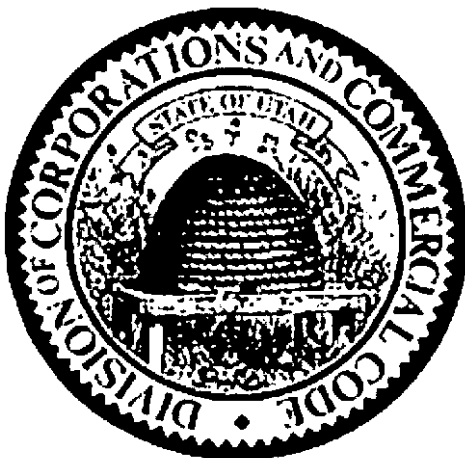
Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

09/03/2024
10194565-016009032024-3197701

CERTIFICATE OF EXISTENCE

Registration Number: 10194565-0160
Business Name: WILD TRIBUTE LLC
Registered Date: December 15, 2016
Entity Type: LLC - Domestic
Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (**unless Delinquent**); and, that Articles of Dissolution have not been filed.



Adam Watson

Adam Watson
Director
Division of Corporations and Commercial Code