

TRANSMITTAL LETTER  
P00000048339

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: WYLD LYFE ENTERTAINMENT, INC  
(Proposed corporate name - must include suffix)

800003248828--2  
-05/11/00--01093--001  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: WYLD LYFE ENTERTAINMENT, INC  
Name (Printed or typed)

421 EAST VINE ST  
Address

KISSIMMEE, FLORIDA, 34743  
City, State & Zip

(407) 870-5780 - (407) 929-9997  
Daytime Telephone number

FILED  
00 MAY 11 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

5-16  
WCE

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

WYLD LYFE ENTERTAINMENT, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

421 EAST VINE ST  
KISSIMMEE, FL. 34743

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for profit business.

Recording studio

## ARTICLE IV SHARES

The number of shares of stock is:

4001

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

JULES F. PAUL - president

421 EAST VINE ST KISS, FL. 34743

RALPH ROBILLOD - vice president

JESSE FERD - secretary

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

JULES F. PAUL  
421 EAST VINE ST. KISS, FL. 34743

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

JULES F. PAUL

\*\*\*\*\*  
Having been named as registered agent and to accept service of process for the above stated corporation 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.

Signature/Registered Agent

Signature/Incorporator

Date

Date

FILED  
00 MAY 11 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-8-00

5-8-00