questor's Name)				
dress)				
dress)				
y/State/Zip/Phone	e #)			
☐ WAIT	MAIL			
siness Entity Nar	ne)			
(Document Number)				
_ Certificates	s of Status			
Special Instructions to Filing Officer:				
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates			



700115973027

01/30/08--01012--019 **78.75

11118-653

Office Use Only

COVER LETTER

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

_{SUBJECT:} Wild	Image Inc.		
SOBJECT,	(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	✓ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: D	aniel Fogleson		
	Name	(Printed or typed)	-
	16233 Arrowhead T		
·		Address	· · · · · · · · · · · · · · · · · · ·
	Clermont, Florida. 3	4711	•
•	City,	State & Zip	
	(407) 877-2964		
•	Daytime T	elephone number	· · · · · · · · · · · · · · · · · · ·

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



February 1, 2008

DANIEL FOGLESON 16233 ARROWHEAD TRAIL CLERMONT, FL 34711

SUBJECT: WILD IMAGE INC. Ref. Number: W08000005525

We have received your document for WILD IMAGE INC. and your check(s) we will also be totaling \$78.75. However, the enclosed document has not been filed and is being the account of the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the distribution duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

ा है। अपने Please return the corrected original and one copy of your document, along with a ार्टिस कर की पहले भारतीय के Copy of this letter, within 60 days or your filing will be considered abandoned. कर की की जीन की उपन

If you have any questions concerning the filing of your document, please call (850) 245-6921.

Maryanne Dickey
Document Specialist Supervisor
New Filing Section

Letter Number: 208A00006872

08 FEB 15 PM

IVISION OF CORPORATIONS

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:

Wild Image Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 16233 Arrowhead Trail Clermont, Florida. 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Garment Printing/ Sales

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Daniel Fogleson 16233 Arrowhead trail Clermont. FC. 34711	08 FEB 15 PM 4:	FILED SECRETARY OF STAT DIVISION OF CORPORAT
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Daniel Fogleson 16233 Arrowhead Trail Clermont, Florida. 34711	15	TIONS
Having been named as registered agent to accept service of process for the above stated corporation at the place designation of the appointment as registered agent and agree to act in this capacity Signature/Registered Agent Date 1-24-2008 Date	P_	**** ! in this