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COVER LETTER

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

SUBJECT:	Wild F	tog CON	trol, INC.			
	(PROP	POSED CORPORA	TE NAME – <u>MUST I</u>	(NCLUDE SUFFIX)		
Enclosed are an orig	inal and one ((1) copy of the ar	ticles of incorporation	on and a check for:		
•	\$78.75 Filing Fee & Certification	ate of Status	\$78.75 Filing Fee & Certified Co			
			ADDITIONAL			
FROM: Jim D. Pruitt Name (Printed or typed)						
8310 NE County ROAD 340 Address						
High Springs FL 32643 City, State & Zip						
(305) 7/0 - 3720 Daytime Telephone number						
E-mail address: (to be used for future annual report notification)						
•						

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

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

FILED

The name of the corpor	ration shall be: $\frac{W}{ W } \frac{ W }{ W } \frac{ W }{ W }$	CONTrol	INC.	16 MAR 21 AH 7: 56
	Principal street address		Mailing add P.O. 80	SECRETARY OF STATE COSTAINS SEE FLORIDA
High Spr	ings, FL 32655	····		Springs, FL 32655
ARTICLE III PURI The purpose for which	the corporation is organized is: A UNDEL Florida	for- pro	ofit Cu	prporation
6 rgANiZeo	1 under Florida	Statute	<i>5</i> .	
ARTICLE IV SHALE The number of shares of	RES of stock is: /000			
	AL OFFICERS ANDIOR DIRECTORS		/,	DIRECTORS
Name and Tit	10: JiMD. PruitT-Are 8310 NE County Rd High Springs, Fl	340 Address: 4-32643	itle: <u>Jim</u> 8310 n <u>High</u>	D. Pruitt - Preside 1E Country Rd. 340 Springs FL 326
Name and Titl	e: SANdra S. Ryder-7	reasurvatine and T	itle: Sandi	ra S. Ryder
Address	8310 NE County Rd High Springs, FL	340 Address: - 32643	8310 1 High	NE COUNTY Rd. 346 5 Springs, FL 3269
Name and Titl	c: Jim D. Pruitt - Sec 8310 NE Country Rd.	CCETANNIAME and T	itle:	
Address	High Springs, FL.	32643		

Name and Title:	Name and Title:_	FILED				
•	Address:	16 MAR 21 AM 7: 56				
		SECRETARY OF STATE FALLAHASSEE FLORIDA				
		ALLENHASSEE FLURIUA				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT)	acceptable) of the registered agen	t is:				
Name: Jim D. PruitT	• • •					
Address: 83/0 NE Count	n ROAD 340					
High Springs,	FL 32643					
ARTICLE VII INCORPORATOR						
The <u>name and address</u> of the Incorporator is:						
Name: Jim D. Pruit7	<u></u>					
Address: <u>P.O. Box 101</u>	<i>D</i>					
High Springs	FL 32655					
ARTICLE VIII EFFECTIVE DATE:						
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specified as a filing)						
days after the filing.)	11 11 4 4 6 61					
Note: If the date inserted in this block does not meet the document's effective date on the Department of State		nirements, this date will not be listed as				
Having been named as registered agent to accept servi this certificate, I am familiar with and accept the appoin						
mit!		March 17, 2016				
Required Signature/Registere	ed Agent	Date				
I submit this document and affirm that the facts stated herein are true. I am aware that the 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.						
Juit) I mit		March 17, 2016				
Required Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	Date				