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850-656-4724

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Date: 10/5/17
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Name:	Black Wolf Group, Inc.
Document #:	
Order #:	10662807

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Thank you!

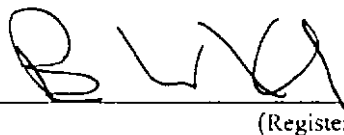
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Black Wolf Group Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Wisconsin 3. 36-4572202
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 1, 2005 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. July 1, 2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7703 Kingspointe Pkwy, Suite 800, Orlando FL 32819
(Principal office address)
- 579 D'Onofrio Dr., Suite 105, Madison, WI 53719
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Bert Kolz
- Office Address: 7703 Kingspointe Pkwy, Suite 800
- Orlando, Florida 32819
(City) (Zip code)

9. Registered agent's acceptance:

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

By: 
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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FLORIDA
CLERK OF COURT

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Bill Bass

Address: 579 D'Onofrio Dr., Suite 105, Madison, WI 53719

Vice Chairman: Donald Hughes

Address: 579 D'Onofrio Dr., Suite 105, Madison, WI 53719

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Scott Severson

Address: 579 D'Onofrio Dr., Suite 105, Madison, WI 53719

Vice President: _____

Address: _____

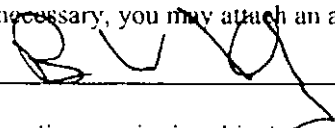
Secretary: Bert Kolz

Address: 579 D'Onofrio Dr., Suite 105, Madison, WI 53719

Treasurer: Bert Kolz

Address: 579 D'Onofrio Dr., Suite 105, Madison, WI 53719

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Bert Kolz, Chief Administrative Officer

(Typed or printed name and capacity of person signing application)

Additional Officers of Black Wolf Group Inc.

Chief Administrative Officer: Bert Kolz
579 D'Onofrio Dr., Suite 105, Madison, WI 53179

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United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

BLACK WOLF GROUP INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 01, 2005.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 03, 2017.

A handwritten signature in black ink, reading "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 207703-30C58923