F21000004427

(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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2021 JUL 30 FM 1: 38

AUG - 4 2021 M. SOLOMON

COVER LETTER

	stration Se sion of Co						
SUBJECT:	WOLFCO	DX INC.					
			of corporation	ı - must	include suffix		
Dear Sir or M	dadam:						
"Certificate (of Existence		of Good Star	iding" a	nd check are sub	et Business in Florida," mitted to register the	
Please return	all corresp	ondence concernii	ng this matter	to the	following:		
JUAN CARL	OS RIERA						
		**	Name of	Person			
WOLFCOX I	NC.						
		-	Firm/Con	pany			
1441 BRICKI	ELL AVEN	UE, SUITE 1007					
			Addro	288		W-4	
MIAMI, FL 3	3131						
	-		City/State a	nd Zip	code	-	
JRIERA@ICS	S-COMPLIA	NNCE.COM					
_		E-mail address:	(to be used f	or futui	re annual report r	notification)	
For further ir	iformation	concerning this ma	atter, please c	all:			
JUAN C RIERA at (305			448-	448-0014			
Nan	ie of Perso	n	Area Cod	e	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	heck payabl	the following amore to: FLORIDA DE \$78.75 Filing Certificate of	PARTMENT	3 \$78.7	ATE 5 Filing Fee & Ted Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy	

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.

		dopted for the purpose of transacting business in Florida	n)
DELAWARE	$\frac{8}{9}$ under the law of which it is incorporated)	4-2023233	
	y under the law of which it is incorporated)	(FE1 number, if applicable)	
1	5	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
), <u> </u>	(Date first transacted business in F	Clarida (Fasios to socionarios)	
	(SEE SECTIONS 607.1501 & 607.150)		
, 1221 BRICKELL	AVENUE, SUITE 900, MIAMI, FL 33131		
•	(Principal office	: <u>street</u> address)	
	(Current mailing	address, if different)	202
· N	and the second of the second o	D. MOT II.)	7021 JUL 30 PM 1:
s. Name and <u>stret</u>	et address of Florida registered agent: (P.O.	· · · · · · · · · · · · · · · · · · ·	ြည
Name:	INTERNATIONAL COMPLIANCE SOLUT	10NS, LLC	. C)
Office Address:	1441 BRICKELL AVENUE, SUITE 1007	., '' ∵`` (A 	Ξ <u>κ</u> —
	MIAMI	Florida 33131	: မွ
	(Citv)	, rionga	w

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.

(Registered agent's signature)

A. DIRECTORS										
□Chairman	JUAN CARLOS RIERA Name:	□Chairman	SANTIEGO LANG Name:							
□Vice Chairman	Address:	□Vice Chairman	Address: 1221 BRICKELL AVENUE							
Director	SUITE 1007	Director	SUITE 900							
□President	MIAMI, FL 33131	□President	MIAMI, FL 33131							
□Vice President		□Vice President								
□Secretary	□Treasurer	☐ Secretary		☐Treasurer						
□Other	Other	□Other		□Other						
□Chairman	Name:	□ Chairman	Name:							
□Vice Chairman	Address:	□Vice Chairman								
□Director		□Director								
□President		□President								
□Vice President		□Vice President								
☐ Secretary	□Treasurer	☐ Secretary		☐ Treasurer						
□Other	□ Other	□Other		□Other :						
	Name:	□ Chairman	Name:	26 PH 1: 3						
□Vice Chairman	Address:	□Vice Chairman	Address:							
□Director		□Director	_							
□President		□President								
□Vice President		□Vice President								
☐ Secretary	□Treasurer	□Secretary		□Treasurer						
□Other		□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. 12										

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.

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WOLFCOX INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

A CONTRACTOR OF THE PARTY OF TH

Authentication: 203748867

Date: 07-23-21



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2021

JUAN CARLOS RIERA INTERNATIONAL COMPLIANCE SOLUTIONS LLC 1441 BRICKELL AVE, SUITE 1007 MIAMI, FL 33131

SUBJECT: WOLFCOX INC. Ref. Number: W21000102211

We have received your document for WOLFCOX INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Registered Agent's name and address must match our records on http://www.sunbiz.org. Please correct

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 521A00016605

WE HAVE THATE THE CORRECTIONS YOU REQUESTED

CAE ME SOLVE

www.sunbiz.org