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(Requestor's Name)
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PICK-UP WAIT MAIL
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Certificates of Status
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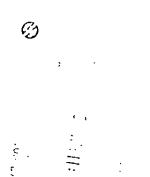
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APPROVED AND FILED



JAN 1 2 2023 K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	: 12000	0000195
	REFERENCE	: 30881	7 4320855
	AUTHORIZATION	: 1	Ceran
	COST LIMIT	: \$\frac{1}{5}\frac{1}	00
ORDER DATE : Ja	nuary 5, 2023		
ORDER TIME : 8	3:41 AM		
ORDER NO. : 30	08817-005		
CUSTOMER NO:	4320855		
	FOREIGN F	<u>ILINGS</u>	
NAME:	WHITE WOLF CAI	PITAL GRO	UP,
	INC.		
XXXX QUALIFICAT	CION (TYPE: <u>CC</u>	<u>)</u>)	
PLEASE RETURN TH	IE FOLLOWING AS	PROOF OF	FILING:
CERTIFIE		111001 01	
XX PLAIN ST	AMPED COPY ATE OF GOOD STA	ANDING	
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EXAMINER: ____

CONTACT PERSON: Alexxis Weiland -- EXT#



501 Brickell Key Drive Ste. 103 & 104, Miami, FL 33131 | info@whitewolfcapital.com

CONSENT FOR USE OF SIMILAR NAME

January 10, 2023

White Wolf Capital Group LLC. Florida Registration number L17000156688, a Florida limited liability company, gives its consent to White Wolf Capital Group, Inc., a Delaware corporation, to use the name White Wolf Capital Group, Inc. to transact business in the State of Florida.

WHITE WOLF CAPITAL GROUP LLC, a

Florida limited liability company

By: Elie Azar, President

2023 JAN -6 AM 9: 20

FILED

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. White Wolf Capital Group, Inc. I. (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) Delaware 86-1325718 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) 11/23/2020 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 501 Brickell Key Drive, Suite 104, Miami, FL 33131 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 (City) 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.

Corporation Service Company
By: White Assistant va president
(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.

DocuSign Envelope ID: 7FE3FF2F-3162-4D5D-BB10-FFD29D4CCD5A A. DIRECTORS Elie P. Azar □Chairman □Chairman Name: 501 Brickell Key Drive, □Vice Chairman Address: Suite 104, ☐ Vice Chairman Address: _____ Miami, FL 33131 ☑Director □ Director ☐ President ☐ President ☐ Vice President □Vice President ☐ Secretary ☐ Treasurer □Treasurer ☐ Secretary □Other ____ Other _____ □Other _____ □Other _____ □ Chairman Name: Chairman Name: □Vice Chairman Address: ☐Vice Chairman Address: Director ☐ Director ☐ President ☐ President □ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer ☐Other _____ □Other _____ Other____ □Other _____ Name: □ Chairman ☐ Chairman Name: _____ □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. DocuSigned by: 12. Elic P. Uzar Signature of Director or Officer 3428E84809B5406 .. 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. Elie P. Azar - Director

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "WHITE WOLF CAPITAL GROUP, 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 FIFTH DAY OF JANUARY, A.D.

2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WHITE WOLF

CAPITAL GROUP, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF

NOVEMBER, A.D. 2020.

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

Authentication: 202433655

Date: 01-05-23

4217421 8300 SR# 20230046667

You may verify this certificate online at corp.delaware.gov/authver.shtml