Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000025520 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

© Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION SILVER WOLF PROPERTY SOLUTIONS INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

1/22/2025 Q8:52:25 PST To: 18506176383 Page: 2/4 Fax: 8134365206

# 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.

I. SILVER W	OLF PROPERTY SOLUTIONS INC.		
	ne of corporation; must include "INCORPORATED," on "Corp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"	
(If name un	navailable in Florida, enter alternate corporate name ad	opted for the purpose of transacting bus	iness in Florida)
2. California	3.		
(State or o	country under the law of which it is incorporated)	(FEI number, if applica	ble)
4. 05/22/202	5		
	(Date of incorporation)	(Date of duration, if other than p	perpetual)
6.			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		
7 7901 4th St	N STE 300 St. Petersburg FL 33702		
	(Principal office	street address)	
7901 4th St	N STE 300 St. Petersburg FL 33702		
	(Current mailing	address, if different)	
8. Name and Nan	d street address of Florida registered agent: (P.O. )  Northwest Registered Agent LLC	30x NOT acceptable)	idu Jan 2
Office Addre	7901 4th St N STE 300	_	2 A
	St. Petersburg	. Florida 33702	
	(City)	(Zip code)	4:47
	(CRy)	(Zip code)	17

### 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.

77-N-		
	(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.

1/22/2025 08:52:25 PST To 18506176383 Page: 3/4 Fax: 8134365206

A. DIRECTORS					
□Choirman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
<b>⊠</b> Director	7901 4th St N STE 300	∟!Director			
☑President	St. Petersburg FL 33702	□ President			
□Vice President		□ Vice President			
	☑ Treasurer	☐ Secretary	□Treasurer		
□Other		□Other	Other		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director		Director			
□President		□President	<u> </u>		
□Vice President		□Vice President			
□Secretary	□Træasurer	☐ Secretary	☐ Treasurer		
□Other	Other	□ Other	Other		
□Chairman	Name:	□ Chairman	Name:		
LIVice Chairman	Address:	∐Vice Chairman	Address:		
□Director		Director			
□President		□ President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	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. 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 begin are true and that he or					

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.

1/22/2025 08:52:25 PST To: 18506176383 Page: 4/4 Fax: 8134365206



# Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: SILVER WOLF PROPERTY SOLUTIONS INC.

**Entity No.:** 202114811405 **Registration Date:** 05/22/2021

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of January 22, 2025.

SHIRLEY N. WEBER, PH.D.

AT /

Secretary of State

Certificate No.: 287414942

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.