

L22000181982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

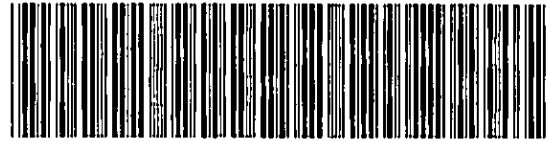
Office Use Only

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T. SCOTT

MAY -13 2022



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2021

JOSE A FAGGIOLANI  
5601 COLLINS AVENUE UNIT 1211  
MIAMI BEACH, FL 33140

SUBJECT: EXPWOLFANG LLC  
Ref. Number: W21000131290

We have received your document for EXPWOLFANG LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 821A00023817

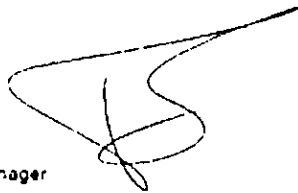
April 26, 2022

Reference: Expwolfang, LLC

To whom it may concern

By these means I would like to inform that the conversion of Expwolfang, LLC from a Delaware company to a Florida company should be effective in 2022. I understand that the first annual report to be filed is due by May 1st, 2023, to avoid penalties.

Sincerely,

A handwritten signature in black ink, appearing to be 'Jose A. Faggiolani', written over a horizontal line.

Jose A. Faggiolani, Manager

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ~~EXP~~ EXPWOLFANG, LLC.

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

JOSE A. FAGGIOLANI

(Contact Person)

EXPWOLFANG, LLC.

(Firm/Company)

5601 COLLINS AVENUE UNIT 1211

(Address)

MIAMI BEACH, FL 33140

(City, State and Zip Code)

EBALTAR@GLSCCPA.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

JOSE A. FAGGIOLANI

(Name of Contact Person)

at (305)

(Area Code)

373-0123

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees  
( \$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☐ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

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

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Florida Limited Liability Company**

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following “Other Business Entity” into a **Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: EXPWOLFANG, LLC.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of DELAWARE  
(Enter state, or if a non-U.S. entity, the name of the country)

8/16/2016  
on \_\_\_\_\_  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
EXPWOLFANG, LLC.

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_.  
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

221.11-0 8411.49

Signed this 26 day of APRIL 20 22

Signature of Authorized Representative of Limited-~~Liability~~ Company:

Signature of Authorized Representative: X  
Printed Name JOSE A. FAGGIOLANI Title: MANAGER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: X  
Printed Name: JOSE A. FAGGIOLANI Title: MANAGER

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXPWOLFANG, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5601 COLLINS AVENUE UNIT 1211  
MIAMI BEACH, FL 33140

5601 COLLINS AVENUE UNIT 1211  
MIAMI BEACH, FL 33140

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JOSE A. FAGGIOLANI

Name

5601 COLLINS AVENUE UNIT 1211

Florida street address (P.O. Box NOT acceptable)

MIAMI BEACH

FL 33140

City

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

X

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 FEB 2009 4:44 PM

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JOSE A. FAGGIOLANI

5601 COLLINS AVENUE UNIT 1211

MIAMI BEACH, FL 33140

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(Use attachment if necessary)

ARTICLE V: Other provisions, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE:

X



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s817.155, F.S.

JOSE A. FAGGIOLANI

\_\_\_\_\_  
Typed or printed name of signee