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C. LEWIS

JAN 19 2010

EXAMINER

## **COVER LETTER**

	ation Section n of Corporations		
SUBJECT:	Black Wolf Mov	ing Florida, LLC  Name of Limited Liability Company	_
		• • •	
The enclosed "A Existence, and c	pplication by Foreign Lin heck are submitted to regi	nited Liability Company for Authorization to Transact Business ster the above referenced foreign limited liability company to transfer the above referenced foreign limited liability company to transfer the above referenced foreign limited liability.	in Florida," Certificate of ansact business in Florida
Please return all	correspondence concerning	ng this matter to the following:	
	Stephen Tumbus	sh	
		Name of Person	
	Murphy Desmond		
		Firm/Company	
	33 East Main 9	Street, Suite 500	
		Address	
	Madison, WI	53703	
		City/State and Zip Code	
		phydesmond.com	
	E-mail a	ddress: (to be used for future annual report notification)	
For further infor	mation concerning this ma	atter, please call:	
Ste	phen Tumbush	at ( 608 ) 268-5567	
	Name of Persor	Area Code & Daytime Telephone Number	
	NG ADDRESS:	STREET ADDRESS:	
	n of Corporations ation Section	Division of Corporations Registration Section	
P.O. Bo	ox 6327	Clifton Building	
Tallaha	ssee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a	check for the following	ig amount:	
\$125	.00 Filing Fee \$\int\\$130 Cer		ing Fee, Certificate is & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Black Wolf Moving Florida, LLC (Name of Foreign Limited Liability Company; must inc	clude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purposes of the managers or managing members adopting the alternate, "L.L.C.," "LLC.")	pose of transacting business in Florida and attach a copy of the written Iternate name. The alternate name must include "Limited Liability
2. Wisconsin	338-3805659
(Jurisdiction under the law of which foreign limited liability company is organized)	( FEI number, if applicable)
4. 10/28/2009	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. None	
(Date first transacted business in I (See sections 608.501 & 608.502 F	Florida, if prior to registration.) S. to determine penalty liability)
731055 U.S. Highway 19 North	
Palm Harbor, FL 34684-4416	ss of Principal Office)
(Street Addres	ss of Principal Office)
8. If limited liability company is a manager-manage	ed company, check here X
9. The name and usual business addresses of the ma	inaging members or managers are as follows:
Donald R. Hughes, N1245 Honey Creek	k Road, Monroe, WI 53566
William M. Bass, 5462 East Glenea	gles Drive, Tucson, AZ 85718
10. Attached is an original certificate of existence, no more than 9 the jurisdiction under the law of which it is organized. (A photoco translation of the certificate under oath of the translator must be su	
11. Nature of business or purposes to be conducted	or promoted in Florida: Residential moving
Mol	A P CAPTER
	uthorized representative of a member $\frac{1}{\sqrt{2\pi}}$
	F.S., the execution of this document constitutes critically that the facts stated herein are true)
Steph en	
	ad name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	the Limited Liability Co	, ,	•	
lf unavailable, t	he alternate to be used in	n the state of Florida is:		
2. The name an	d the Florida street addr	ess of the registered age	ent and office are:	10 JAN 19
	Jay Bulmer	(NI-ma)	· · · · · · · · · · · · · · · · · · ·	D The same
	7194 Key Haven	(Name)  Road #306  Address (P.O. Box NOT AC	CCEDTABLE)	MIII. 15
	Seminole	· —	3777	<del>'5</del> >
		City/State/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 608, Florida Statutes.

MyBiltrep (Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## 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, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

#### BLACK WOLF MOVING FLORIDA, LLC

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 October 28, 2009.

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



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 15, 2010.

RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

### To validate the authenticity of this certificate

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

Enter this code:

73689-8ED1CB2A