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Office Use Only



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OFFICE SECTIONS TALE
SIVISION OF CUAPURATIONS
TALL ANASSEE, FLORIDA

ECEIVED

11 MAY 20 PM 17: L.

SECRETARY. OF S. JATE DIVISION OF CORP.S. (ATE DIVISION OF CORP.S. (ATIONS

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC		
	Na	me of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.
Please ret	urn all correspondence concerning this m	atter to the following:
	Stephen Tumbush	
		Name of Person
	Murphy Desmond S.C.	
		Firm/Company
	33 E. Main St., Suite 50	
		Address
	Madison, WI 53703	
		City/State and Zip Code
	stumbush@murphyde	esmond.com
	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, plea	ase call:
9	Stephen Tumbush	at (608) 268-5567
	Name of Person	Area Code & Daytime Telephone Number
] []	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	d is a check for the following amous \$125.00 Filing Fee \$\sqrt{\$130.00 Filing F}\$ Certificate of Sta	ee & \$\infty\$155.00 Filing Fee & \$\infty\$160.00 Filing Fee, Certificate



May 20, 2011

STEPHEN TUMBUSH 33 E. MAIN STREET, SUITE 500 MADISON, WI 53703

SUBJECT: BLACK WOLF MOVING ORLANDO, LLC

Ref. Number: W11000027914

We have received your document for BLACK WOLF MOVING ORLANDO, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 811A00012574

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:

Black Wolf Moving Orlando, LLC		
(Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC	;;")
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	te of transacting business in Florida and attach a copmate name. The alternate name must include "Limite	y of the written ed Liability
	45-2076443	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
	Perpetual	
(Date of Organization)	(Duration: Year limited liability company will c exist or "perpetual")	ease to
_{6.} None		SEC!
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)	CRETARY ION OF C
7. 7703 Kingspointe Pkwy., Suite 800	All differences and	3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Orlando, FL 32819		7 7 7 7 7 7 7 7 7 7
(Street Address of	of Principal Office)	ATTIONS ATTIONS
8. If limited liability company is a manager-managed	company, check here 🗸	*
9. The name and usual business addresses of the mana	aging members or managers are as follows:	
Donald R. Hughes, N1245 Honey Creek Rd.	, Monroe, WI 53566	
William M. Bass, 5462 E. Gleneagles Dr.	., Tucson, AZ 85718	
10. Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	is not acceptable. If the certificate is in a foreign lang	
11. Nature of business or purposes to be conducted or	promoted in Florida: Residential movi	ng
01		
Signature of a member or an aut	horized representative of a member.	
	ation of this document constitutes an affirmation under the	
permitted or perjust time their states invient are their		

Typed or printed name of signee

Stephen R. Tumbush

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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.

1. The name of the Limited Liability Compa	my is:			
Black Wolf Moving Orlando, LLC				
If unavailable, the alternate to be used in the	state of Florida is:			
2. The name and the Florida street address o	f the registered agent and office	are:		
Jay Bulmer		SION 1 HA		
	(Name)	CRETARY SION OF C		
3828 Ashwick Ct.	06)		
Florida Street Addre	ess (P.O. Box NOT ACCEPTABLE)	5.		
Palm Harbor	_{FL} 34685	ATIONS		
	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.

(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 Secretary, Department of Financial Institutions, do hereby certify that

BLACK WOLF MOVING ORLANDO, 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 May 5, 2011.

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 May 20, 2011.

RAY ALLEN, Deputy Secretary
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:

92197-2C421195