## M17000006394

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2017 JUL 25 PH 1: 53

J. HARRIS

## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	EXPWOLFANG LLC				
	Name of Limited Liability Company				
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of ce. and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please	return all correspondence concerning this matter to the following:				
	JOSE A. FAGGIOLANI				
	Name of Person				
Firm/Company					
5601 COLLINS AVENUE UNIT 1211					
Address					
MIAMI BEACH FL 33140					
City/State and Zip Code					
MONICAFAGGIOLANI@GMAIL.COM					
	E-mail address: (to be used for future annual report notification)				
For fur	her information concerning this matter, please call:				
	JOSE A. FAGGIOLANI 305 373-0123 at ()				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				
Enclose	d is a check for the following amount:  ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy				

## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2017

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

SUBJECT: EXPWOLFANG LLC Ref. Number: W17000032196

SECRUIAN OF STATE
TALLAHASSEE, FLORID.

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We have received your document for EXPWOLFANG LLC and your check(s) totaling \$125.00. 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 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 917A00007193

2017 JUL 25 PH 1:59

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. EXPWOLFANG LLC	eign Limited Liability Company; must	· included or halout the fit	""	M 1 A M	
(Name of For	eigh chimed Elabinty Company, must	i include Limited Liabili	ty Company, L.L.C., or	LLC.)	
Liability Company," "L.L.C.	Iternate name adopted for the purpose "or "LLC.")	of transacting business in	Florida. The alternate nam	e must include "I	 .imited
DELAWARE		3. 61-1801223			
(Jurisdiction under the law company is organized)	of which foreign limited liability		FEI number, if applicable)		_
·	(Date first transacted busines (See sections 605.0904 & 605.0	s in Florida, if prior to reg	gistration.)		
5601 COLLINS AVE	(See sections 605.0904 & 605.0	1905, F.S. to determine pe	nalty liability)		
MIAMI BEACH FL 33	3140				
	(Street Address of Pr	rincipal Office)	<del></del>	201 152	
. 5601 COLLINS AVEN	NUE UNIT 1211				
MIAMI BEACH FL 33				JUL 25	EMERCS.
	(Mailing A	.ddress)	<del></del>		
Monto and ateout add-	_		,	PA	
	ss of Florida registered agent: (P.C JOSE A. FAGGIOLANI	J. Box <u>NOT</u> acceptable	e)		,
Name:				20 S	
Office Address:	5601 COLLINS AVENUE UNIT	Г 1211		\$24 - T-	
	MIAMI BEACH	,	Florida 33140		
legistered agent's accep	(City)		(Zip code)		
esignated in this applica. • complywith the provisi	gistered agent and to accept service tion, I bereby accept the appointn ons of all statutes relative to the point my position as registered agent.  (Register	nent as registered agen	t and agree to act in this	canacity. I fui	ther agr
. The name, title or capa	icity and address of the person(s) w	who has/have authority	to manage is/are:		
DSE A. FAGGIOLANI,	MANAGER				
601 COLLINS AVENUE	E UNIT 1211			·	
IIAMI BEACH FL 3314	0				
Attached is a certificate risdiction under the law of the translator must be su		s old, duly authenticated tificate is in a foreign land to the first an authorized person	d by the official having co anguage, a translation of	ustody of record the certificate u	ls in the nder oatl
his document is executed ibmitted in a document to	in accordance with section 605.02 the Department of State constitute	203 (1) (b). Florida Stati	utes. I am aware that any as provided for in s.817.1	false informatio 155, F.S.	n
	JOSE A. FAGGIOLANI	- ·			

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "EXPWOLFANG LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE ELEVENTH DAY OF JULY, A.D. 2017.



Authentication: 202864211

Date: 07-11-17