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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

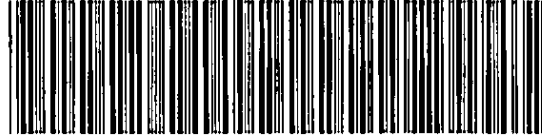
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 DEC 26 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MARKARIAN & HAYES

BUSINESS MINDED PROBLEM SOLVING

www.businessmindedlawfirm.com

December 19, 2017

Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

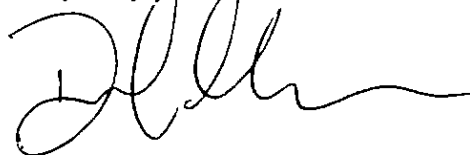
Tre Hargett, Secretary of State

*Re: Werewolf Publishing, LLC – Application by Foreign Limited Liability Company
for Authorization to Transact Business in Florida*

To Whom It May Concern:

Please be advised that this office represents Werewolf Publishing, LLC and Mr. David J. Castello, the Manager of Werewolf Publishing, LLC. Enclosed herewith please find a completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida together with a check in the amount of \$125.00 for the filing fee and Certificate of Existence. Kindly process this application at your earliest possible convenience. Thank you in advance for your attention to this matter.

Very truly yours,



David K. Markarian
David R. Glickman

DRG/mac
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Werewolf Publishing, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

David K. Markkarian, Esquire
Name of Person

Markkarian & Hayes
Firm/Company

2925 P6A Boulevard, Suite 204
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

Dave@businessmindedlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Markkarian at (561) 626-4700
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Werewolf Publishing, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-4125484
(FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 805 North Olive Avenue #814
(Street Address of Principal Office)
West Palm Beach, FL 33401

6. Same
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: David J. Castello
Office Address: 805 North Olive Avenue #814
West Palm Beach, Florida 33401
(City) (Zip code)

Registered agent's acceptance:

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 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.

David J. Castello
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Manager</u>	<u>David J. Castello</u> <u>805 North Olive Ave #814</u> <u>West Palm Beach, FL 33401</u>	<u>Same</u>	<u>Same</u>

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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 s.817.155, F.S.

David J. Castello
(Signature of an authorized person)
DAVID J. CASTELLO
(Typed or printed name of signer)



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

DAVID R. GLICKMAN
2925 PGA BOULEVARD SUITE 204
PALM BEACH GARDENS, FL 33408

December 19, 2017

Request Type: Certificate of Existence/Authorization

Request #: 0260960

Issuance Date: 12/19/2017

Copies Requested: 1

Document Receipt

Receipt #: 003705858

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3717415095

\$20.00

Regarding: Werewolf Publishing, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 12/07/2011

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 673395

Date Formed: 12/07/2011

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Werewolf Publishing, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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