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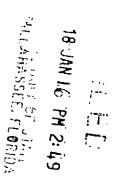
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Di	vision of Corporation	ns				
SUBJECT:	Governing Dynamic					
		Name of	Limited Liability C	ompany		
		reign Limited Liability Comped to register the above refere				
Please retur	n all correspondence of	concerning this matter to the	following:			
	Lauren Shapiro	1				
	-	N	ame of Person			
	Capital Legal C	Group PA				
	-	F	irm/Company			
	1111 Brickell /	Avenue, Suite 2803				
			Address			
	Miami, FL 331	31				
	v.	City/S	tate and Zip Code			
	juanpuig@direw	olfwm.com				
	-	E-mail address: (to be used	d for future annual	report not	ification)	
for further	information concernin	g this matter, please call:				
La	uren Shapiro		305 at (676-09		
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Di Re P.0	vision of Corporations gistration Section O. Box 6327 Ilahassee, FL 32314			Division Registrat Clifton B 2661 Exe	r ADDRESS: of Corporations ion Section quilding recutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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:

H'nama un u ailable, ente	er alternate name	adopted for the purpose of transacting business in	Florida The altern	ate name must include "Limited Lie	dulity Compount ""1 1 C " or "1 [C ")
	rr anermine name	adopted for the purpose of transacting business in		are name must include 1.1mite(11.12	iomy Company, L.D.C. or La.C.)
2. Texas (Jurisdiction under t	the law of which	foreign limited liability company is organized)	3	(FEI man	ber, if applicable)
					,
4		(Date first transacted business in Florida, if prior	r to registration)		
		(See sections 605 0904 & 605 0905, F.S. to dete	ermine penalty liabi	• -	
5. 1905 Evergree	en Cir, Suite		6. <u>19</u>	05 Evergreen Cir, Suite (Mailing Add	
The Woodland			Th	ne Woodlands, TX 77380	
7. Name and stree Name:		of Florida registered agent: (P.O. B Bridgeway Overseas Holdings LLC		eptable)	
Office A	ddress: 1	395 Brickell Avenue Suite 800			
	_			33131	
		(Cny)		, Florida 33131 (Zip eos	<u></u>
Having been nam designated in this to comply with the	s applicatio e provision	tered agent and to accept service on, I hereby accept the appointments of all statutes relative to the prop	l'as registere	d agent and agree to act	in this capacity. Parther agi
Having been nam designated in this to comply with the and accept the ob	ned as regis s applicatio e provision digations o — e or capaci	tered agent and to accept service on, I hereby accept the appointment	Tas registeres per and comp n's signature) p has/have aut.	d agent and agree to act lete performance of my	in this capacity. Parther agi
Having been nam designated in this to comply with the and accept the ob 8. The name, title Title or Cap:	ned as regis s applicatio s applicatio e provision digations o e or capacit acity:	tered agent and to accept service on, I hereby accept the appointments of all statutes relative to the property position as registered agent. (Registered agent y and address of the person(s) who Name and Address:	Tas registeres per and comp n's signature) p has/have aut.	d agent and agree to act lete performance of my hority to manage is/are:	tin this capacity. Marther ago duties, and Tam familiar with
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Having been nam designated in this to comply with the and accept the ob 8. The name, title Title or Cap:	ned as regis s applicatio e provision oligations of e or capacit acity:	tered agent and to accept service of the property of all statutes relative to the property of my position as registered agent. (Registered agent of the person(s) who Name and Address: Juan Puig 1905 Evergreen Cir. Suite 3 The Woodlands, TX 77380	Tas registered per and comp n's signature) has/have aut <u>Title</u>	d agent and agree to act lete performance of my hority to manage is/are:	tin this capacity. Marther ago duties, and Tam familiar with

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that Governing Dynamics. LLC, a Domestic Limited Liability Company (LLC) (file number 802839821) has filed the following assumed name certificate(s) with this office:

Assumed Name Direwolf Wealth Management, LLC Filed October 17, 2017 Status Active

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 14, 2017.



Phone: (512) 463-5555

Prepared by: SOS-WEB



Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services

Document: 773724890002

Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709 TID: 10246