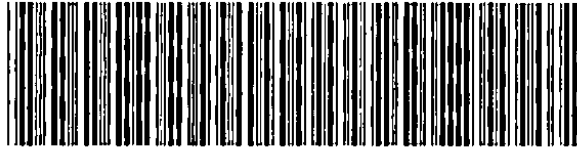


N20000000936



000338658170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only

01/08/20--01032--003 **125.00

STATE OF FLORIDA
FAMILY SECTOR

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JAN 27 2020
T. LEMLEY

Registration Section
Division of Corporations

ALPHA WOLF PROPERTY SOLUTIONS, LLC

Name of Limited Liability Company

"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Incorporation and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

All correspondence concerning this matter to the following:

Javier Santamaria

Name of Person

ALPHA WOLF PROPERTY SOLUTIONS, LLC

Firm/Company

12967 Broakfield Cir

Address

Orlando, FL 32837

City/State and Zip Code

javi.santamaria04@gmail.com

E-mail address: (to be used for future annual report notification)

For more information concerning this matter, please call:

Javier Santamaria

Name of Contact Person

305

Area Code

588-9800

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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

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

IN ACCORDANCE 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. WOLF PROPERTY SOLUTIONS, LLC

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

2. (If applicable, 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.")

3. Florida

(State under the law of which foreign limited liability company is organized)

3. (FBI number, if applicable)

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

67 Broakfield Cir

(Street Address of Principal Office)

6. 12967 Broakfield Cir

(Mailing Address)

Orlando, FL 32837

Orlando, FL 32837

4. (Physical street address of Florida registered agent: (P.O. Box NOT acceptable))

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida

33702

(Zip code)

STATE OF FLORIDA
TALLAHASSEE

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5. (Registered agent's acceptance:

I have been named as registered agent and to accept service of process for the above stated limited liability company at the place named 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 the obligations of my position as registered agent.

Bill Hume

(Registered agent's signature)

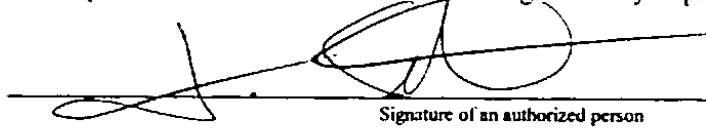
indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to six (6) total):

| <u>City:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--------------|--------------------------------------|--------------------------------------|--------------------------------------|
| | Name: <u>Javier Santamaria</u> | <input type="checkbox"/> Manager | Name: _____ |
| | Address: <u>12967 Broakfield Cir</u> | <input type="checkbox"/> Member | Address: _____ |
| | <u>Orlando, FL 32837</u> | <input type="checkbox"/> Authorized | _____ |
| | _____ | Person | _____ |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| | _____ | <input type="checkbox"/> Authorized | _____ |
| | _____ | Person | _____ |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| | _____ | <input type="checkbox"/> Authorized | _____ |
| | _____ | Person | _____ |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form.

This 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 a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information in this document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Javier Santamaria

Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALPHA WOLF PROPERTY SOLUTIONS, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/18/2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/11/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191211433003

You may verify this certificate
online at <http://www.nvsos.gov>