9/19/23, 3:05 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **



Email Address:

Foreign Limited Liability Company Wolf pack protection & consultants LLC

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Certified Copy	
Page Count	05
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Corporate Filing Menu

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Registration Section

TQ:

COVER LETTER

Div	Islen of Corporation	15					
SUBJECT:	Wolf pack protection LLC						
	Name of Limited Liability Company						
The enclosed Existence, ar	f "Application by For nd check are submitte	eign Limited Liability Compan d to register the above reference	y for Authoriz ed foreign lim	ation to Transa ited liability co	act Business in Florida." С этрапу to transact busine	lertificate of ss in Florida	
Please return	all correspondence o	oncerning this matter to the fol	lowing:				
	Cheyenne Mose	rley					
	Name of Person						
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		Firm/Company					
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		Address					
	Glendale, CA 9						
		City/State	and Zip Code				
	nasirhaqq55@gm						
		E-mail address: (to be used for	r future aunua	report notific	ation)		
For further in	formation concerning	this matter, please call:					
Che	yenne Moseley	a	800	773-0888	- 11		
	Name of	Contact Person	Area Code	Daytim	Telephone Number		
Divi Regi P.O.	LUNG ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314			STREET AL Division of C Registration ! Clifton Build 2661 Executi Tallahassee, I	orporations Section ing ve Center Circle		
	osed is a check for the se make check payabl	e following amount: e to: FLORIDA DEPARTME	INT OF STAT	ГЕ			
	\$125.00 Fiting Fee	S130.00 Filing Fee & Certificate of Status	S155.00	Filing Fee & ed Copy	St60.00 Filing Fee of Status & Certific		

Tor

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTIED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Wolf pack protection LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") Wolf pack protection & consultants LLC (If name upon attable, eract whethere name adopted for the purpose of transacting husiness in thousand. The alternate name must include "I enaced trability function," "I. I. C." or "I.I.C.") Pennsylvania (heristication under the law of which foreign lauded lability company is organized) (Flate fast transacted business in Florida, if prior to registration.)
(See accions 605 0904 & 605 0905, F.S. to determine penalty Valenty) (Street Aidliess of Principal Office) 3304 N Gratz Sc. 3304 N Gratz St Philadelphia, PA 19140 Philadelphia, PA 19140 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Nasir Hagg Name: 825 Brannell Pkwy Office Address: Lakeland 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. Nasir Hago

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:		
Manager	Name: Nasir Abu Haqq Jr.	Manager	Name:			
Member	Address:	Member				
Authorized	3304 N Gratz St	Authorized				
Person	Philadelphia, PA 19140	Person				
Uther	Other	[]Other		Other		
Manager	Name:	Manager	Name:			
Member	Address:	Member	Address:			
Authorized		Authorized				
Person	**************************************	Person				
Other	Other	Other		Other		
Manager	Name:	☐ Manager	Name:			
Member	Address:	Member				
Authorized		Authorized				
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Other	Other	Other		Other		

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

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 1 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.

Signature of an authorized person

Nasir Abu Haliq Jr.

Typed or printed name of signer

^{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)

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: Wolf pack protection LLC

Request Type: Subsistence Certificate

Request No.: 020788630

Receipt No.: 000654941

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: June 16, 2021

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Wolf pack protection LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

LDO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Issuance Date: August 21, 2023

0007316265

File No.:

Albert Schmidt

Secretary of the Commonwealth

alles Beden

Verify this certificate online at www.file.dos.pa.gov