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SECRETARY OF STATE.

J. Shivers SEP 1 5 2009

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Black W (PROPOSED CORPORA	olf Inc	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:		
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	▼ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status \$87.50 Filing Fee, Certified Cop & Certificate Status	of	
FROM:	Eliecen	CubA (Printed or typed)			
	17330 NW	62 CT		2009 SEP SECRETA TALLAHA	ome Artereds
 -	Miami Lake	State & Zip	15	14 SSEE	
_	786 - 3 Daytime T	99-1745 elephone number		PM 2: 02 OF STATE S FLORIDA	
	E-mail address: (to be used	COMCAST, NE	notification)	<u> </u>	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Black Wolf, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

17330 NW 62 CT

MIAMI LAKES, FL 33015

ARTICLE III PURPOSE

Research and development

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name (s), address (as) and specific title(s):

Eliecer Cuba

17330 NW 62 CT, Miami Lakes, FL 33015

Title: President and CEO

Elizabeth Geyer Cuba

17330 NW 62 CT, Miami Lakes, FL 33015

Title: Vice President and COO

SECRETARY OF STATE TALL AHASSEF FLORID.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the resisted agent is:

Eliecer Cuba

17330 NW 62 CT, Miami Lakes, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eliecer Cuba

17330 NW 62 CT, Miami Lakes, FL 33015

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date