#5580 P.001/003

## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
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## FLORIDA PROFIT/NON PROFIT CORPORATION WOLF WAY INC.

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SECRETARY OF STATE

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

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ARTICLE I NAME: The name of the corporation is:	
WOLF Way Inc.	
ARTICLE II PRINCIPAL OFFICE:	!
The principal street address and mailing address is:	
20 NW 87 ave Apt#A209 Miami FL 33172	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Alberto Garcia (P) Leydis Sanchez (VP)	
	ļ
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: 5	
The name and Florida street address (PO Box not acceptable) of the registered again is	
AIDELTO GALCIA SE S	
<u>20 NW 81 ave HPT# HZ091 €</u> Miami Fl 33172 55 °°	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
20 NILL 87 AVE ANTH-A209	
Miami F1 33172	

## **Required Signatures:**

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

stered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Incorporator

Date

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