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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

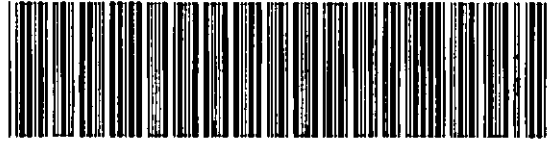
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE FIELD OFFICE

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D. O'KEEFE
NOV 08 2022

COVER LETTER

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

SUBJECT: Wolfgang Films Inc. Florida Corporation AoD

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Joseph Schmelz

Name (printed or typed)

180 SE Osprey Ridge

Address

Port Saint Lucie, Florida 34984

City, State & Zip

612-730-7280

Daytime Telephone Number

joe@wolfgangfilms.com

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

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Joseph Schmelz President
(Name) (Title)

of Wolfgang Films Inc., a foreign corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of Domestication.

1. Then name of the domesticating corporation is Wolfgang Films Inc.
(Foreign Corporation)

2. The jurisdiction and date of its formation is Minnesota 7/1/94

3. The name of the domesticated corporation is Wolfgang Films Inc.

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Joseph Schmelz
(Authorized Signature)

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Wolfgang Films Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address
180 SE Osprey Ridge

Mailing Address
180 SE Osprey Ridge

Port Saint Lucie, FL 34984

Port Lucie, FL 34984

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Production Agency

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

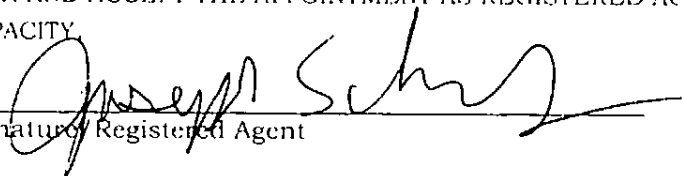
Joseph Schmelz

180 SE Osprey Ridge

Port Saint Lucie, FL 34984

HAVING BEEN NAMED AS REGISTERED AGENT AND 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 of Registered Agent



10/12/22

Date

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2022 NOV -2 PM 6:19
TALLAHASSEE, FLORIDA

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Joseph Schmelz / President

Name & Title: _____

Address: 180 SE Osprey Ridge

Address: _____

Port Saint Lucie, FL 34984

Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

Name & Title: _____

Name & Title: _____

Address: _____

Address: _____

Name & Title: _____

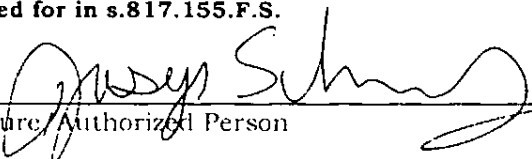
Name & Title: _____

Address: _____

Address: _____

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CLERK OF COUNTY OF ST. LUCIE
ALLIANCE, FL 34984

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

10/12/22
Date