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(Requestor's Name)

(Address)

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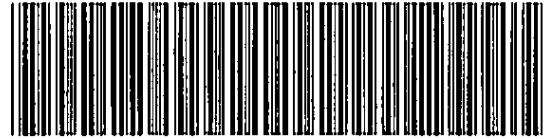
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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2023 JAN 17 11:00

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S. FRANKLIN

JAN 18 2023

**COVER LETTER**

**TO: Registration Section  
 Division of Corporations  
 Argile Group LLC**

**SUBJECT:** \_\_\_\_\_  
 Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Peeter Muursepp  
 \_\_\_\_\_  
 Name of Person  
 Argile Group LLC  
 \_\_\_\_\_  
 Firm/Company  
 302 S Coconut Ln  
 \_\_\_\_\_  
 Address  
 Miami Beach, FL 33139  
 \_\_\_\_\_  
 City/State and Zip Code  
 accounts@argile.group  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Peeter Muursepp	203	550-5387
Name of Contact Person	at ( _____ )	Area Code Daytime Telephone Number

Mailing Address:  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

Street Address:  
 Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

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

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

IN COMPLIANCE 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:

Argile Group LLC

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

(If name unavailable, 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.")

2. State of Wyoming (Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-4247913 (FEI number, if applicable)

4. 02/04/2022 (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 302 S Coconut Ln (Street Address of Principal Office)

6. 302 S Coconut Ln (Mailing Address)

Miami Beach, FL 33139

Miami Beach, FL 33139

2022 JUN 17 11:09

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Montoya

Office Address: 302 S Coconut Ln

Miami Beach

33139

\_\_\_\_\_, Florida \_\_\_\_\_ (City) (Zip code)

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.

[Handwritten signature]

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:  
 Manager Name: Benjamin Weintraub  
 Member Address: 103 Elena Ct  
 Authorized Jupiter, FL 33478  
 Person  
 Other  Other

Title or Capacity: Name and Address:  
 Manager Name: Brendan Sanderson  
 Member Address: 302 S Coconut Ln  
 Authorized Miami Beach, FL 33139  
 Person  
 Other  Other

Manager Name: Michael Montoya  
 Member Address: 302 S Coconut Ln  
 Authorized Miami Beach, FL 33139  
 Person  
 Other  Other

Manager Name: Peeter Muursepp  
 Member Address: 19 Prospect Ridge, Unit 26  
 Authorized Ridgefield, CT 06877  
 Person  
 Other  Other

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person  
 Other  Other

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person  
 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.

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)

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

Michael Montoya

Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Argile Group LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **December 21, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001062554**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of December, 2022 at 9:17 AM. This certificate is assigned ID Number 057193227.



*Karl T. Allred*

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.

2023 JAN 11 11:11