Division of Corporations

2023-03-21 15:28:36 GMT

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From Mark Fuchs

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(((H23000106494 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

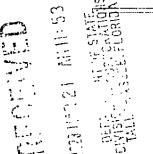
From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 : (718)878-5811 Fax Number : (718)732-4580

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

Email Address:___

The Committee of the Co



Foreign Limited Liability Company ARGENT HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.4
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Electronic Filing Menu

Corporate Filing Menu

Help



From: Mark Fuchs

Fax Reference: H23000106494-3

COVER LETTER

-	istration Section sion of Corporations	
SUBJECT:	ARGENT HOLDINGS, LLC	
	Name	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florid
lease return	all correspondence concerning this matter to	o the following:
		Name of Person
	FILE RIGHT LLC	
		Firm/Company
	5314 16TH AVENUE SUITE 139	
		Address
	BROOKLYN, NY 11204	
	C	ity/State and Zip Code
	sales(a fileacorp.com	
		used for future annual report notification)
or further in	formation concerning this matter, please cal	II:
Sara	1	718 878-5811
	Name of Contact Person	at () Area Code Daytime Telephone Number
Reg	lingAddress: istration Section	StreetAddress: Registration Section
	ision of Corporations . Box 6327	Division of Corporations The Centre of Tallahassee
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEP 125.00 Filing Fee	e & 🗇 \$155.00 Filing Fee & 🗍 \$160.00 Filing Fee, Certificate

To:

Fax Reference: H23000106494-3

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

CHARLING INC.	Limited Liability Company; must include Timited	тывику совр	SINY, 1.1.U. OF FILE)		
GENT HOLDINGS II					
me unavailable, enter alternate t	iame adopted for the purpose of transacting business in Flo	rida. The alternati	e name must include "Limited Erability Company," "I. L.C." or "Lt.C.		
EW YORK		•			
Jurisdiction under the line of w	hich foreign limited liability company is organized:	٠٠٠	(F),I number, cf applicable)		
	(Date first transacted business in Honda, if prior to r (See sections 605 6904 & 605 1605; F.S. to determin				
	(See sections 605 6904 & 605 0905; F.S. to determin	egastration) or penalty hability	ı		
055 COLLINS AVE	UNIT IC		AVENUE I		
r Address of Protespal Office)		n,	Mading Address)		
MAMI BEACH, FL 3		BRO	BROOKLYN, NY 11210		
Same and <u>street addres</u>	s of Florida registered agent: (P.O. Box	<u>NOF</u> accept	able)		
Same and <u>street addres</u> Name:	s of Florida registered agent: (P.O. Box SAMUEL S SONTAG	NOF accept	able)		
		NOF accept	able) -		
Name:	SAMUEL S SONTAG 5055 COLLINS AVE UNIT IC MIAMUBEACH		- 33140		
Name:	SAMUEL S SONTAG 5055 COLLINS AVE UNIT 1C		-		

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:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name: SAMUEL'S SONTAG	■Manager	Name:	
□Member	Address: 5350 COLLINS AVENUE	□Member	Address:	
□Authorized	USIT 1 C	☐ Authorized		78
Person	MIAMI BEACH, FL 33140	Person		
■Other Managing A	MemberOther	Other		□Other
□Manager	Name: DEBORAH SONTAG	∐Manager	Name:	
■Member	Address: 5350 COLLINS AVENUE	□Member	Address:	
□Authorized	UNIT LC	☐ Authorized		
Person	MIAMI BEACH, FL 33140	Person		
]Other				□Other
□Manager	Name:		Name:	
□Member	Address:	□Member	Address:	
∃Authorized		☐ Authorized		
Person		Person		
□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.

- 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 5.817.155, F.S.

	/s/ SAMUEL S SONTAG	
	Signature of an authorized person	
	SAMUEL S SONTAG	
	Typed or printed name of supec	

To:

Fax Reference: H23000106494 3

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ARGENT HOLDINGS, LLC

DOS ID Number: 3090300

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 08/13/2004

Statement Status: CURRENT Statement Due Date: 08/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 15, 2023 at 04:22 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heylan

By Brendan C. Hughes

Executive Deputy Secretary of State

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