

PI3000057941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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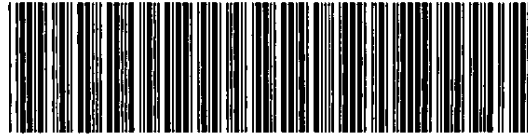
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/23/13--01009--006 **78.75

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13 JUL -5 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WB-30873

COVER LETTER

ATTN Thomas Chang

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

RECEIVED
13 JUL -5 PM 1:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: **ARGONAUT GROUP INC**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

(PAYMENT MADE SEE
#W1300030873)

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **EUGENE KAROL**

Name (Printed or typed)

15 MAJESTIC WAY

Address

FORT PIERCE, FLORIDA 34949

City, State & Zip

954-865-2822

Daytime Telephone number

gene9742@gmail.com ✓

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

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13 JUL -5 PM 1:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2013

GENE KAROL
15 MAJESTIC WAY
FORT PIERCE, FL 34949

SUBJECT: NFA CORP
Ref. Number: W13000030873

We have received your document for NFA CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P11000017262 (NFA INCORPORATED).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 913A00013282

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: ARGONAUT GROUP INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

15 MAJESTIC WAY
FORT PIERCE, FLORIDA 34949

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: CONSULTING

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EUGENE KAROL, PRESIDENT

Name and Title: _____

Address 15 MAJESTIC WAY
FORT PIERCE, FLORIDA 34939

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: EUGENE KAROL
Address: 15 MAJESTIC WAY
FORT PIERCE, FLORIDA 34949

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EUGENE KAROL
Address: 15 MAJESTIC WAY
FORT PIERCE, FLORIDA 34949

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Eugene Karol
Required Signature/Registered Agent

JULY 2, 2013
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.

Eugene Karol
Required Signature/Incorporator

JULY 2, 2013
Date