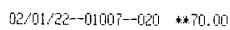
F22000000687

(Requestor's Name)
(Address)
, saa,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-

Office Use Only



900380704719



2022 FEB - 1 PH 3: 01

S. ROBERTS FEB 0 1 2022

COVER LETTER

TO: Registration Sect Division of Corp				
SUBJECT: EL SCOOE	Y CORP			
	Name of	corporation	- must include suffix	
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence, above referenced foreign	" or "Certificate of	Good Stanc	Authorization to Transact Buding" and check are submitted in Florida.	siness in Florida," ed to register the
Please return all correspo	ndence concerning	this matter	to the following:	
GABRIELA SETRAKIAN				
<u>-</u>		Name of F	Person	
ARGENTAX LLC				
<u> </u>		Firm/Comp	pany	
1241 CANARY ISLAND D	or .			
		Addre	SS	
WESTON, FL 33327				
	(City/State an	d Zip code	
gabysetrakian@gmail.com				
	E-mail address: (t	to be used fo	or future annual report notifi	cation)
For further information co	oncerning this matt	er, please ca	all:	
GABRIELA SETRAKIAN	at	786	Area Code Daytime Telephone Number	
Name of Person		Area Code	Daytime Telephone	Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n ations	
Enclosed is a check for the Please make check payable \$70.00 Filing Fee		ARTMENT (\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate name ad	antad for the	1		
DELAWARE	and an invital, enter ancinate corporate name ad	opted for the purpose of transactin	g business in Florida)		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
10/31/2013	-	(i c) hanner, ii ap	pricable)		
(Date	of incorporation) 5	(Date of duration, if other t	(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	Florida, if prior to registration) 2. F.S., to determine penalty liabili			
10031 PINES BL	VD STE 228, PEMBROKE PINES FL 33024				
	(Principal office	street address)			
1109 ALEXAND	DER BEND, WESTON FL 33327		2022 5.5		
	(Current mailing	address, if different)	FEB.		
Name and area	at addresses of Florida was invested as 100 (D.O.)	D. NOT.	<u> </u>		
. Name and stree	et address of Florida registered agent: (P.O. I ARGENTAX LLC	Box NOT acceptable)	, 12-		
Name:	ARGENTAL ELC				
office Address:	1241 CANARY ISLAND DR		## 10: 3		
	WESTON	, Florida 33327 (Zip code)			
	(City)	(Zip code)			
laving been nam esignated in this	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rela- with and accept the obligations of my posit	nt as registered agent and agre itive to the proper and complet	e to act in this capac		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS							
Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman					
□Director	WESTON, FL 33327	□Director					
□ President		□President					
□Vice President		□Vice President					
■ Secretary	□Treasurer	☐ Secretary		Treasurer			
☐Other	Other	Other		□Other			
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□ President					
□ Vice President		□Vice President					
Secretary	□Treasurer	□ Secretary		Treasurer			
□Other	Other	□Other	 _	Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman					
□Director		□Director					
□ President		□President					
□Vice President		□Vice President					
□ Secretary	□Treasurer	☐ Secretary		☐ Treasurer			
□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.							
Alicia Ramire	27	 -	-				
	Signature of Director	or Officer		-			
The officer or direct she is aware that falls.817.155, F.S.	tor signing this document (and who is listed in numb- lse information submitted in a document to the Depar	er 11 above) affirms the tment of State constitu	at the facts stated tes a third degree	I herein are true and that he or e felony as provided for in			

13. ALICIA RAMIREZ - SECRETARY

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EL SCOOBY CORP" IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EL SCOOBY CORP"

WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202528943

Date: 01-31-22

5425082 8300 SR# 20220302493