

F13000004189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

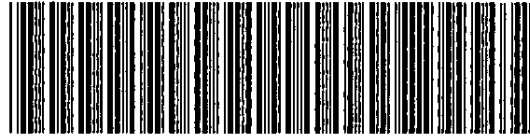
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ARGELINI CORP

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Julia Greenberg-Aguilar

Name of Person

MyUSAcorporation.com

Firm/Company

40 Exchange Place, Suite 1301

Address

New York, NY 10005

City/State and Zip code

sam@argelinitobacco.com

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

For further information concerning this matter, please call:

Julia Greenberg-Aguilar at ( 877 ) 330-2677

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$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.

1. **ARGELINI CORP**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **CALIFORNIA**

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. **02/16/2012**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **4047 GRANT ST, CORONA, CA 92879**

(Principal office address)

**4047 GRANT ST, CORONA, CA 92879**

(Current mailing address)

8. **Tobacco Distributor**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **Incorp Services, Inc**

Office Address: **17888 67th Court North**

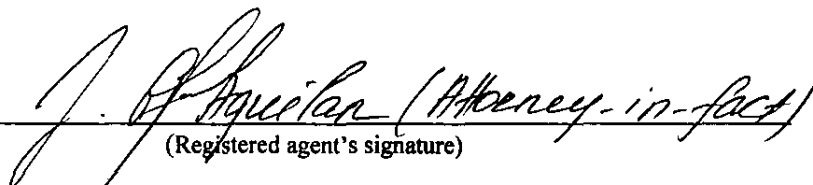
**Loxahatchee**, Florida **33470**

(City)

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

  
(Registered agent's signature)

11. 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.

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**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

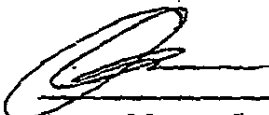
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TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Julia Greenberg-Aguilar and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

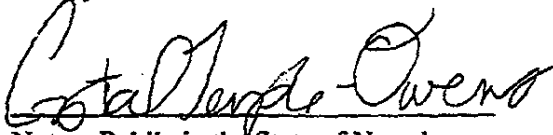
Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which \*Selene Enterprises LLC dba MyUSA corporation.com\* have purchased agent service on through their account with InCorp Services, Inc.

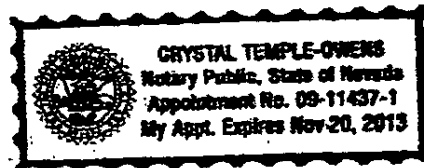
TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2013.

  
\_\_\_\_\_  
Aurora Murtey, Secretary

Dated: December 10, 2012

Signed in my presence this the 10<sup>th</sup> day of December 2012 by Aurora Murtey, State of Nevada.  
County of Clark

  
\_\_\_\_\_  
Notary Public in the State of Nevada



12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: SOUAD KASSIS  
Address: 53168 ODYSSEY ST, LAKE ELSINORE, CA 92535

Vice Chairman: SOUAD KASSIS  
Address: 53168 ODYSSEY ST, LAKE ELSINORE, CA 92535

Director: SOUAD KASSIS  
Address: 53168 ODYSSEY ST, LAKE ELSINORE, CA 92535

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: SOUAD KASSIS  
Address: 53168 ODYSSEY ST, LAKE ELSINORE, CA 92535

Vice President: SOUAD KASSIS  
Address: 53168 ODYSSEY ST, LAKE ELSINORE, CA 92535

Secretary: SOUAD KASSIS  
Address: 53168 ODYSSEY ST, LAKE ELSINORE, CA 92535

Treasurer: SOUAD KASSIS  
Address: 53168 ODYSSEY ST, LAKE ELSINORE, CA 92535

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is 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.

14. SOUAD KASSIS - President  
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS  
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State of California  
Secretary of State

CERTIFICATE OF STATUS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2013 SEP 24 PM 4:50

ENTITY NAME:

ARGELINI CORP

FILE NUMBER: C3443437  
FORMATION DATE: 02/16/2012  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

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



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of September 06, 2013.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State

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