Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000019313)))



H210000019313ABCR

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION ARGOS EQUITY PARTNERS INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
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COVER LETTER

TO:		tration Section on of Corporations				
SUBJ	ECT:	Argos Equity Partners Inc.				
Name of corporation - must include suffix						
Dear S	ir or M	adam:				
"Certif	icate of		Good Stand	uthorization to Transact Business in Florida, ng" and check are submitted to register the in Florida.	**	
Please	retum	all correspondence concerning	this matter t	o the following:		
			Name of P	erson		
	<u> </u>		Firm/Comp	any		
			Addres	8	~;	
		C	ity/State and	1 Zip code	_ <u></u> -	
pgwell	s1961@	outlook.com			. 1	
		E-mail address: (t	o be used fo	r future annual report notification)		
For fur	ther in	formation concerning this matte	er, please ca	11:	7.	
		-4	,			
	Nam	e of Person	Area Code	Daytime Telephone Number	• `	
	Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	make cl	check for the following amount neck payable to: FLORIDA DEPA ing Fee	ARTMENT	DF STATE \$78.75 Filing Fee & S87.50 Filing F Certified Copy Certificate of S Certified Copy	tatus	

H210000C

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 na	me adopted for the purpose of transacting bus	siness in Florida)	
New York		3		
•	y under the law of which it is incorporated)	3(FEI number, if applica	ble)	
October 31, 201	8	5		
(Date of incorporation) (Date of du		(Date of duration, if other than)	uration, if other than perpetual)	
	(SEE SECTIONS 607.1501 & 60	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	·	
301 Blind Pass I	Road, St. Pete Beach, FL 33706			
	(Principal	office <u>street</u> address)		
	(Current ma	niling address, if different)		
			<u>.</u>	
Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	•	
Name and stree	et address of Florida registered agent: (Paul G. Wells	P.O. Box NOT acceptable)	-	
Name:		P.O. Box NOT acceptable)		
Name:	Paul G. Wells			
	Paul G. Wells 9301 Blind Pass Road	P.O. Box NOT acceptable) , Florida 33706(Zip code)		

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

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total];

A. DIRECTORS					
□ Chairman	Name: Paul G. Wells		Name: Eric J. Vangellow		
□Vice Chairman	Address: 9301 Blind Pass Road	□Vice Chairman	Address: 9301 Blind Pass Road		
Director	St. Pete Beach, FL 33706	Director	St Dete Reach F1 33706		
□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	
				. 1	
Chairman	Name:	☐ Chairman	Name:	· · i	
□Vice Chairman	Address:	□Vice Chairman	Address:	<u>.</u>	
Director		Director			
□President		President		··	
□Vice President		□Vice President		···	
Secretary	☐ Treasurcr	☐ Secretary		☐ Treasurer	
Other	Other	Other		□Other	
Individual Stray	Signature of Director signing this document (and who is listed in nu	tor or Officer mber 11 above) affirms the	port form.	sted herein are true and th	
8.817.155, F.S. Paul G. We	false information submitted in a document to the De	pariment of State constitut	es a third deg	pec lelony as provided to	
13	(Typed or printed name and capacity of	person signing application)			

H21000001931 3

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ARGOS EQUITY PARTNERS INC. was filed on 10/31/2018, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 31st day of December two thousand and twenty.

Brider Co Styles

Brendan C. Hughes
Executive Deputy Secretary of State

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