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## COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: ARGO 1 INC.

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 of	concerning this matter to the following:	AR I
Ryan Gardner		
	Name of Person	SO R
Gardner Preston PLLC		in of a
	Firm/Company	
PO Box 86		
	Address	
Hanover, NH 03755	4	and the Contract of the second s
	City/State and Zip code	· · · · · ·
ryan@1010holdings.com		

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

For further information concerning this matter, please call:

Ryan Gardner	802 at (	735-7546
Name of Person	Area Code	Daytime Telephone Number
STREET/COUDIED ADDR	cc.	MAILING ADDRESS:

STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  ${}^{F}$ 

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Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

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## 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.

ARGO LINC.

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

(If name unavail	able in Florida, enter alternate corporate name		g business i	n Florie	da)
2. DELAWARE	3.	85-1296888			
	ry under the law of which it is incorporated)	(FEI number, if applicable)			
6/4/2020 4.	5.				
(Date	of incorporation)	(Date of duration, if other t	han perpeti	ial)	
6. 1/1/2021			¢73	202	
••• <u> </u>	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liabilit	y)	2021 MAR	
7. 135 S RIVER RI	D. STUART FL 34996			- <b>F</b>	Ĩ
·· <u></u>		ce <u>street</u> address)	vico	-0	
PO BOX 86, HA	NOVER NH 03755		(1 <sup>-</sup> -1) (1 <sup>-</sup> 0)	PH	
	(Current mailin	ng address, if different)		<u>유</u> 33	
8. Name and stree	et address of Florida registered agent: (P.C	). Box <u>NOT</u> acceptable)			
Name:	GREG WYLER				
Office Address:	135 S RIVER RD				
	STUART	S4996			

9. 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.

(Zip code)

(Begistered agent's signature)

(City)

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 □Vice Chairman ∎Director	Name:PO Box 86 Address: Hanover, NH 03755	□Chairman □Vice Chairman □Director	Address:	
Secretary		President  Vice President  Secretary		
□Other	Other	□Other		□Other
□Vice Chairman □Director □President	Address:	<ul> <li>Vice Chairman</li> <li>Director</li> <li>President</li> <li>Vice President</li> <li>Secretary</li> <li>Other</li> </ul>	Address:	
□Director □President	Name: Address:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Address:	
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.

12. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Ryan Gardner, Director



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARGO 1 INC" 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2021.



Authentication: 202578032 Date: 02-23-21



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SR# 20210516876 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1

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