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(Requesto	or's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
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(Docume	nt Number)
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COVER LETTER

	ation Section n of Corporations				
SUBJECT: A	ARC Software, Inc				
_	N	ame of corporatio	n - must includ	e suffix	
Dear Sir or Mad	lam:				
"Certificate of I		ficate of Good Sta	nding" and che		et Business in Florida," mitted to register the
Please return all	correspondence cor	ncerning this matte	r to the followi	ing:	
Jason Bailey					
		Name of	Person		
ARC Software, I	nc.				
	· ·	Firm/Cor	npany		
621 NW 53rd Str	eet, Suite 320				
		Addı	ress		
Boca Raton, FL	33487				
		City/State	and Zip code		
thejaybailey@gm	ail.com				
	E-mail ac	ldress: (to be used	for future annu	ial report n	otification)
For further info	mation concerning t	his matter, please	call:		
Jason Bailey		at (656-1077		
Name o	of Person	Area Coo	le Dayt	ime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	,	OA DEPARTMEN' Filing Fee &	□ \$78.75 Filing		\$87.50 Filing Fee,
	Certific	cate of Status	Certified Co	ру	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.

ARC Software,	Inc.				
(Enter name of c	orporation; must include "INCORPORATED," orp.," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	Ι,"		
(If name unavail	able in Florida, enter alternate corporate name ad	dopted for the purpose of transacting	g business in Florida)		
Delaware	3. 8	86-2877329			
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	olicable)		
March 13, 2021	5				
(Date	of incorporation)	(Date of duration, if other t	(Date of duration, if other than perpetual)		
·	(Date first transacted business in I	Florida, if prior to registration)			
	(SEE SECTIONS 607.1501 & 607.150)	2, F.S., to determine penalty liabilit	y)		
621 NW 53rd Str	eet, Suite 320, Boca Raton, Florida 33487				
	(Principal office	street address)			
	(Current mailing	address, if different)	<u>~``</u>		
	(==::::::::::::::::::::::::::::::::::::	addition, in difficulty	C-3		
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	(#22 H.s. y		
	Jason Bailey	The same of the sa	· _ ·		
Name:			-		
Office Address:	19 Country Lake Circle	<u></u>			
	Boynton Beach	 , Florida ³³⁴³⁶	8: 52 3 · ·		
	(City)	(Zip code)	. 🛩		

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.

(Registered agent's signature)

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	Address:	
Director	Suite 320	Director		
President	Boca Raton, Florida 33487	☐ 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	Address:	.
□Director		□Director		
□President		□President		
□Vice President		☐ Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other		□Other		[] Other
	Jse an attachment to report more than six (6). The added to the index when filing your Florida Depa	rtment of State Annual Re		poses only. Non-indexed
	Signature of Direct			
	tor signing this document (and who is listed in nu lse information submitted in a document to the De			
Jason Bailey				



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

DELAWARE, DO HEREBY CERTIFY "ARC SOFTWARE, 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 SEVENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Authentication: 203151658

Date: 05-07-21