(Requestor's Name)
(Address)
(Address)
(1.00.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 4, 2023

ARTHUR T. HEALEY 97 LONG POND ROAD LAKEVILLE, CT 06039

SUBJECT: AMERIGROW LABS, INC.

Ref. Number: W23000029822

We have received your document for AMERIGROW LABS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 923A00005106

COVER LETTER

TO:		tration Section on of Corporations			
SUBJI	FCT.	Amerigrow Labs, Inc.			
5017.		Name o	f corporation - m	ust include suffix	
Dear Si	ir or M	adam:			
"Certifi	icate of	"Application by Foreign Con Existence," or "Certificate and foreign corporation to tra	of Good Standing	g" and check are submi	
Please	return a	all correspondence concernit	ng this matter to t	he following:	
Arthur '	T. Heal	ey.			
			Name of Pers	son	
AT Hea	aley, LL	.C			
			Firm/Compan	У	
97 Long	g Pond	Road			
			Address		
Lakevil	lle. CT	06039			
		· · · · · · · · · · · · · · · ·	City/State and 2	Lip code	
art@ath	healey.c				
		E-mail address:	to be used for f	uture annual report not	ification)
For fur	ther inf	formation concerning this ma	atter, please call:		
Arthur '	T. Heal	cy	at (240)	274-5505	
	Name	e of Person	Area Code	Daytime Telepho	ne Number
	Regis Divisi The C 2415	EET/COURIER ADDRESS tration Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303	S:	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
	nake ch	check for the following amo eck payable to: FLORIDA DF ng Fee	PARTMENT OF S7		■ \$87.50 Filing Fee, Certificate of Status & Certified Copy



March 24, 2023

Florida Dept of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Certificate of Good Standing

We have received your letter requesting a Certificate of Good Standing and have enclosed it here for your review.

Please let me know if you have any questions.

Sincerely,

Arthur T. Healey

Cette J. Henry

CFO

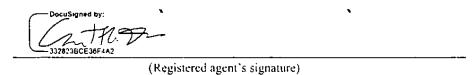
(240) 274-5505

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.

"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
AGL Holdings			
(If name unavail	able in Florida, enter alternate corporate name ad		
Delaware	3.	2-2217676 (FEI number, if ap	
(State or count	ry under the law of which it is incorporated)	(FEI number, if ap	pplicable)
January 26, 202	5.		
	5 5	(Date of duration, if other	than perpetual)
February 9, 202	.3		
5944 Coral Ridg	(SEE SECTIONS 607.1501 & 607.150 e Drive, Unit 110, Coral Springs, FL 33076 (Principal office		
97 Long Pond R	oad, Lakeville, CT 06039	Mreer address)	
97 Long Pond R	oad, Lakeville, CT 06039	address, if different)	
	et address of Florida registered agent: (P.O. A&E Capital Advisors FL LLC	address, if different)	2023 APR - 7
. Name and <u>stre</u>	oad, Lakeville, CT 06039 (Current mailing et address of Florida registered agent: (P.O.	address, if different)	-7
Name and stre	et address of Florida registered agent: (P.O. A&E Capital Advisors FL LLC	address, if different)	2023 APR - 7 AM 9:

and I am familiar with and accept the obligations of my position as registered agent.



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.

DocuSign Envelope ID: E31AB0CA-2245-4090-84A4-04392F5D4DDC

A. DIRECTORS Tory R. Zweigel Name: _____ □Chairman Chairman 14726 Goldenwest St., Ste H, Address: _____ ☐ Vice Chairman ☐ Vice Chairman Westminster, CA 92683 □ Director ☐ Director □President President □Vice President □Vice President ______ □ Treasurer □Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other _____ Name: _____ Arthur T. Healey Name: _____ □Chairman □Chairman 97 Long Pond Road □Vice Chairman Address: □Vice Chairman Address: Lakeville, CT 06039 Director Director □President □President □ Vice President __ □Vice President Treasurer | ☐ Secretary □ Treasurer ■ Secretary □Other _____ □Other _____ Other Name: Andrew Haas Name: □ Chairman □ Chairman 5944 Coral Ridge Drive Address: □ Vice Chairman Address: _____ ☐ Vice Chairman **Unit 110** □ Director Director Coral Springs, FL 33076 □President □ President □Vice President ■ Vice President □Treasurer □Treasurer □ Secretary □ Secretary □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. arthur T. Healey 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

(Typed or printed name and capacity of person signing application)

s.817.155, F.S.

Arthur T. Healey, Chief Financial Officer





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

DELAWARE, DO HEREBY CERTIFY "AMERIGROW LABS, 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-SECOND DAY OF MARCH, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERIGROW LABS, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2023.

al corn delaware gov/aut

Authentication: 202972917

Date: 03-22-23