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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.

1. ARG CAPITAL				
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	"мс	
A72	-6 Consulting INC.	_		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transact	ing business in Florida)	
2. New Jersey		3. 20-36 <b>829</b> 4 <i>5</i>		
(State or countr	y under the law of which it is incorporated)	ted) (FEI number, if applicable)		
4	5.			
(Date 6. 1/1/2022	of incorporation)	(Date of duration, if other than perpetual)		
7	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) VE, JUPITER, FL 33469	02, F.S., to determine penalty liab	ility)	
	(Principal offic	e <u>street</u> address)		
	(Current mailing	address, if different)	:	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	355 356 356 356 356 356 356 356 356 356	
Name:	ANNA GUTTILLA		APR 25	
Office Address:	199 RIVER DRIVE		25 1AS	
	JUPITER	Florida 33469		
	(City)	, Florida 33469 (Zip code)		
designated in this further agree to c	ent's acceptance: led as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re	e of process for the above stat ent as registered agent and ag lative to the proper and compl	ree to act in this capacity. I	
and I am familiar	with and accept the obligations of my pos	ition 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.

(Registered agent's signature)

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

#### A. DIRECTORS Name: □ Chairman ☐ Chairman Name: \_\_\_\_ 199 RIVER DRIVE □ Vice Chairman Address: Address: \_\_\_\_\_ ☐ Vice Chairman JUPITER, FL 33469 Director Director President □ President ☐ Vice President □Vice President ☐ Secretary ☐ Treasurer ☐ Secretary Treasurer □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: \_\_\_\_ Name: \_\_\_\_ Chairman □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: Director Director □ President ☐ President □Vice President \_\_\_\_\_ ☐ Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ 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. 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.

, ANNA GUTTILLA

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

### ARG CAPITAL INC. 0100953407

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on October 20, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ANNA GUTTILLA 250 PEHLE AVE. SUITE 601 SADDLE BROOK, NJ 07663



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of November, 2023

Elizabeth Maher Muoio State Treasurer

der A Mun

Certificate Number: 6148478182

Verify this certificate online at

https://www.l.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

### 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. Writer represents		" CO (D ( ) ( ) ( ) ( ) ( ) ( ) ( )	<del></del>
"Inc.," "Co.," "C	orporation; must include "INCORPORATED, orp." "Inc," "Co," or "Corp.")	* "COMPANY," "CORPORATIO	N,"
A72	-6 Consulting INC.		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)
		• •	_
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
10/20/2005			
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6			• •
o		1 Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.15	502, F.S., to determine penalty liabi	lity)
7. <u>199 RIVER DRI</u>	VE, JUPITER, FL 33469		
		ce street address)	
	(Current mailin	g address, if different)	
			92
8. Name and stree	et address of Florida registered agent: (P.C	). Box NOT acceptable)	2 2 2
Name:	ANNA GUTTILLA		124
Office Address:	199 RIVER DRIVE	<del></del>	2024 APR 25 PH 1: 47 SEC. TALLAMASSEE, FLITE
office Address.	JUPITER	33469	ASS 25
	(City)	$\frac{33469}{\text{(Zip code)}}$	用品加
	(city)	(Zip code)	78 = 0
	ent's acceptance:		#7
Having been nam designated in this	ned as registered agent and to accept servi application, I hereby accept the appointn	ce of process for the above state	ed corporation at the place
further agree to c	omply with the provisions of all statutes r	elative to the proper and comple	ete performance of my duties
and I am familiar	with and accept the obligations of my po	sition as registered agent.	
	(Sold I	AA	
	(Registered agent's si	gnature)	

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 ANNA GUTTILLA □ Chairman Chairman Name: \_\_\_\_\_ 199 RIVER DRIVE □Vice Chairman Address: \_\_\_\_ □ Vice Chairman Address: JUPITER, FL 33469 Director □ Director ■ President President □ Vice President \_\_\_\_\_ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □ Other \_\_\_\_\_ □Other \_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_ Name: □ Chairman □ 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 \_\_\_\_\_ □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. 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. ANNA GUTTILLA

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