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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONROY, CONROY & DURANT, P.A.

Account Number : I20190000025 : (239)649-5200 Fax Number : (239)649-8140

> LLC DISSOLUTION OR WITHDRAWAL ARGO US, LLC

JUN 02 2021

A. LUNT

Certificate of Status 0 Certified Copy Page Count 03 Estimated Charge \$25.00

Refaxing as we have not received confirmation

Thanks

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June 1, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARGO US, LLC
2173 TURNBERRY ROAD
BURLINGTON, ONTARIO, CANADA, L7M-4BP

SUBJECT: ARGO US, LLC REF: L13000114041

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Agnes Lunt FAX Aud. #: E21000204880
Regulatory Specialist III Letter Number: 421A00011818

## COVER LETTER

|  | stration Section ion of Corporations            |  |                             |
|--|---|--|-----------------------------|
| SUBJECT:   | ARGO US, LLC                                    |  |                             |
| 33-32011   | (Name of Limited                                | Liability Company  | 2)                          |
|  |   |  |                             |
| The enclosed /   | Articles of Dissolution and fee(s) are submitte | d for filing,  |                             |
| Please return al   | Il correspondence concerning this matter to the | c following:   |                             |
|  | J. Thomas Conroy, III                           |  | To                          |
|  | (Name of Person)                                |  |                             |
|  | Conroy, Conroy & Durant, P.A.                   |  | ်<br>(၁                     |
|  | (Firm/Company)                                  |  |                             |
|  | 2210 Vanderbilt Beach Road, Suite 1201          |  |                             |
|  | (Address)                                       |  |                             |
|  | Naples, FL 34109                                |  |                             |
|  | (City/State                                     | and Zip Code)  | <del></del>                 |
| For further info   | rmation concerning this matter, please call:    |  |                             |
| Samar  | ntha MacLood                                    | 239<br>at (  | 649-5200                    |
|  | (Name of Person)                                | (Area Code   | & Daytime Telephone Number) |
| Enclosed is a chee   | ck for the following amount:                    |  |                             |
| ■ \$25.00 Filing Fee and Certificate of Dissolution  |   | ☐ \$55.00 Filing Fee. Certificate of Dissolution & Certified Copy (additional copy is enclosed)  |                             |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |                             |

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1.       | The name of a limited liability company is  ARGO US, LLC   |  |  |  |  |
|----------|--|--|--|--|--|
| 2.       | The Articles of Organization were filed on August 12, 2013 and assigned  |  |  |  |  |
|          | document number L13000114041   |  |  |  |  |
| 3.       | The delayed effective date the dissolution if not effective on the date of filing: May 31, 2021  (effective date cannot be prior to or more than 90 days later than date document is received for filing):  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |  |  |  |  |
| 4,       | A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 05.0707, Florida Statutes, (copy 605.0707 on back cover letter).  |  |  |  |  |
|          | Voluntary Dissolution  |  |  |  |  |
|          | Voluntary Dissolution  Voluntary Dissolution   |  |  |  |  |
| 5.       | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:   |  |  |  |  |
|          |  |  |  |  |  |
| 6.<br>ab | Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:  |  |  |  |  |
|          | Gordan Victor Buck   |  |  |  |  |
|          | Signature Printed Name   |  |  |  |  |

FILING FEE: \$25.00