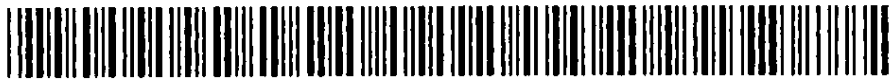


# L22000412699

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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Fax Number : (917)243-5843

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FUTURE:

**FLORIDA LIMITED LIABILITY CO.**

**Argenta Florida, LLC**

Certificate of Status	on 602	near 50 states
Certified Copy	6817.15	0
Page Count		01
Estimated Charge	Esigee	\$125.00

**D. O'KEEFE**

**SEP 23 2022**

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Arqenta Florida, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

124 East 124th Street, 2nd Floor  
New York New York, 10035

Mailing Address:

124 East 124th Street, 2nd Floor  
New York New York, 10035

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Registered Agent Solutions, Inc.

Name

155 Office Plaza Dr., Suite A

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL

32301

City

State

Zip

2022 SEP 22 AM 11:20  
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TALLAHASSEE, FL (09101)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Jose Mojica

Registered Agent's Signature (REQUIRED)

Asst Secretary, Jose Mojica

(CONTINUED)

Jose Mojica  
Asst Secretary

ED: NA

ED: NA

COY: NI  
use: he in  
e ser: If you

COY: NI  
use: he in  
e ser: If you

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Thomas Moroney

124 East 124th Street, 2nd Floor

New York, New York 10035

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Ana Maisonave*

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Ana Maisonave

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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