# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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### Foreign Limited Liability Company **Argo Navis Communications LLC**

Certificate of Status	0
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	1011100110110		
	nunications LLC Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.," or "LLC.")	
f name unavailable, enter alternate n	nne adopted for the purpose of transacting business in I	lorida. The alternate name must include "I imited Liabit	hty Company," "L.L.C," or "LLC")
New Jersey		3	
(Jurisdiction under the law of w	seli loreiga limited liability company is organized)	(12:1 number	r, it applicable)
·	(E)ate first transacted business in Florida, if prior t (See sections 605 0904 & 605,0905, F.S. to deter-	n registration ) mine penalty hability)	
3030 N. Rocky P	oint Dr.	<sub>6.</sub> 1404 S Bay Ave	
	Tincipal Office)	(Mailing Addre	··)
STE 150A		Beach Haven NJ 080	<u> </u>
Tampa FL 33607		Beach Flavell No 000	
. Name and street addre	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	Northwest Registered Agen	t, LLC.	The state of the s
Office Address:	3030 N. Rocky Point Dr. ST	E_150A	# 6 H
	Tampa	Florida 33607	<u> </u>
	(City)	(Zip code	)
	s of my position as registered agent.		luties, and I am familiar with
	Ton Glove (Registered agents	('s signature)	<del></del>
8. The name, title or cap <u>Title or Capacity:</u>	-T= C1		Name and Address:
	(Registered agent active and address of the person(s) who	has/have authority to manage is/are:	
Title or Capacity:	acity and address of the person(s) who  Name and Address:  John OBrien  3030 N. Rocky Poln Dr STE 150A	has/have authority to manage is/are:	
Title or Capacity:	acity and address of the person(s) who  Name and Address:  John OBrien	has/have authority to manage is/are:	
Title or Capacity:	acity and address of the person(s) who  Name and Address:  John OBrien  3030 N. Rocky Poln Dr STE 150A	has/have authority to manage is/are:	
Title or Capacity:	acity and address of the person(s) who  Name and Address:  John OBrien  3030 N. Rocky Poin Dr STE 150A  Tampa. FL USA 33607	has/have authority to manage is/are:	
Title or Capacity:  AMBR  (Use attachments if nece  9. Attached is a certificat jurisdiction under the law of the translator must be	(Registered agent active and address of the person(s) who Name and Address:  John OBrien  3000 N. Rocky Poin Dr STE 150A Tampa. FL USA 13607  ssary) e of existence, no more than 90 days of of which it is organized. (If the certific submitted)	has/have authority to manage is/are:  Title or Capacity:  d, duly authenticated by the official hacate is in a foreign language, a translational statutes. I am awar	Name and Address:  ving custody of records in the ion of the certificate under oathe that any false information
Title or Capacity:  AMBR  (Use attachments if nece  9. Attached is a certificat jurisdiction under the law of the translator must be	(Registered agent active and address of the person(s) who Name and Address:  John OBrien  3030 N. Rocky Poin Dr STE 150A Tampa. FL USA 13607  ssary) e of existence, no more than 90 days of of which it is organized. (If the certific submitted) cuted in accordance with section 605.07 to the Department of State constitutes a	has/have authority to manage is/are:  Title or Capacity:  d, duly authenticated by the official hacate is in a foreign language, a translation of the capacity	Name and Address:  ving custody of records in the ion of the certificate under oath
Title or Capacity:  AMBR  (Use attachments if nece  9. Attached is a certificat jurisdiction under the law of the translator must be	(Registered agent active and address of the person(s) who Name and Address:  John OBrien  3030 N. Rocky Poin Dr STE 150A Tampa. FL USA 13607  ssary) e of existence, no more than 90 days of of which it is organized. (If the certific submitted) cuted in accordance with section 605.07 to the Department of State constitutes a	has/have authority to manage is/are:  Title or Capacity:  d, duly authenticated by the official hacate is in a foreign language, a translation of the capacity	Name and Address:  ving custody of records in the ion of the certificate under oath the that any false information
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Title or Capacity:  AMBR  (Use attachments if nece  9. Attached is a certificat jurisdiction under the law of the translator must be	acity and address of the person(s) who  Name and Address:  John OBrien  3030 H. Rocky Polm Dr STE 150A  Tampa. FL USA 33607  ssary)  e of existence, no more than 90 days of of which it is organized. (If the certific submitted)  cuted in accordance with section 605.03 to the Department of State constitutes a Signal Morgan Noble	has/have authority to manage is/are:  Title or Capacity:  d, duly authenticated by the official hacate is in a foreign language, a translation of the capacity	Name and Address:  ving custody of records in the ion of the certificate under oath the that any false information

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

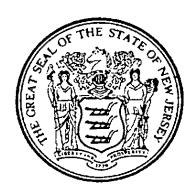
#### ARGO NAVIS COMMUNICATIONS LLC 0450159286

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 13, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2018

I further certify that the registered agent and office are:

JOHN T OBRIEN 1404 S BAY AVE BEACH HAVEN, NJ 08008



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of October, 2018

Elizabeth Maher Muoio State Treasurer

den Allen

Certificate Number: 6092059251

Verify this certificate online at

https://www.el-state.nj.us/TYTR\_StandingCost/JSP/Verify\_Cert.jsp