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EXAMINER

2019 OCT 30 AM 9: 05

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Warg Companies LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Meghan Taylor Name of Person
Wargo Companies Firm/Company
1037 Palm Drive Suite 101 Address
Ococe, FL 34761 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Meghan Taylor at (302) 377 - 3844  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314  Enclosed is a check for the following amount:  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE
\$125.00 Filing Fee \$\Bigsim \text{\$130.00 Filing Fee & } \Bigsim \text{\$155.00 Filing Fee & } \Bigsim \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy} \text{of Status & Certified Copy} \text{of Status & Certified Copy}

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

OMPANYTO TRANSACT BU	SINESS IN THE STATE OF FLORIDA:	mited Liability Company," "L.L.C.," or "LLC	
(Name of Foreign	Limited Liability Company; must include "Li	miled Liability Company," "L.L.C.," or "LLC	۵")
ame unavailable, enter alternate na	une adopted for the purpose of transacting business i	n Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
Je Cware  (Junsdiction under the law of wh	nich foreign limited liability company is organized)	3. 47-26248 (FEI n	58 2 jumber, if applicable)
	(Date first transacted business in Florida, if pri-	or to registration.)	
	(See sections 605 0904 & 605.0905, F.S. to de	termine penalty liability)	~
(Street Address of P	Dr Scite (6)	6. (37 PCIN (Mailing A	Address)
Ocoee, FL	34761	Ococe, FL	34761
Name and street addres	s of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	
			€C 30
Name:	Kevin Wargo		
Office Address:	Co233 Lake Bur	den View Dr	# # 9: 05
	Windermere (City)	, Florida <u>34</u> ,	786 code)
ignated in this application in the provision of the provision of the provision in the provision of the provi	gistered agent and to accept service tion, I hereby accept the appointme	of process for the above stated limit on as registered agent and agree to a oper and complete performance of n	act in this capacity. I further a
		ent's signature)	<del></del>

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Kevin Wargo Manager Manager Manager Member ☐ Member Address: Windermere, FL 34786 Authorized Authorized Person Person Other\_\_\_ Other Other Other Manager Name: \_\_\_\_\_ ■ Manager Name: Member Address: Address: Authorized Authorized Person Person Other\_ Other\_\_\_\_ Other Other\_\_\_ ■ Manager Member Address: \_\_\_\_\_ Member Address: \_\_\_\_ ☐ Authorized Authorized Person Person Other Other\_\_\_\_\_ Other Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. Signature of an authorized person



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

DELAWARE, DO HEREBY CERTIFY "WARGO COMPANIES, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WARGO COMPANIES, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF DECEMBER, A.D. 2014.



Authentication: 203854328

Date: 10-23-19