

M21000007196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W21000059776

Office Use Only



000363603110

RECEIVED

APR 12 2021

04/13/21--01016--036 \*\*160.00

FILED  
2021 JUN 11 PM 2:06  
CLERK OF SUPERIOR COURT  
JULIA A. SUTHERLAND

US  
6/11/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2021

JAMES M. ROGERS  
418 W. GARDEN STREET  
SUITE 110  
PENSACOLA, FL 32502

SUBJECT: ARGO CYBER SYSTEMS, LLC  
Ref. Number: W21000059776

We have received your document for ARGO CYBER SYSTEMS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 021A00009051

RECEIVED  
JUN 04 2021

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ARGO Cyber Systems, 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:

James M. Rogers  
Name of Person

ARGO Cyber Systems, LLC  
Firm/Company

418 W. Garden Street, Suite 110  
Address

Pensacola, FL, 32502  
City/State and Zip Code

jim.rogers@argocyber.com  
E-mail address: (to be used for future annual report notification)

2021 JUN 11 PM 2:06

FILED

For further information concerning this matter, please call:

James M. Rogers at ( 850 ) 860-4097  
Name of Contact Person Area Code Daytime Telephone Number

**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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ARGO Cyber Sytems, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Pennsylvania 3. 83-3059665  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>418 W. Garden St.</u> (Street Address of Principal Office)	6. <u>418 W. Garden St.</u> (Mailing Address)
<u>Suite 110</u>	<u>Suite 110</u>
<u>Pensacola, FL 32502</u>	<u>Pensacola, FL 32502</u>

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: James M. Rogers

Office Address: 418 W. Garden St. Suite 110

Pensacola, Florida 32502  
(City) (Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

FILED  
2021 JUN 11 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

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]:

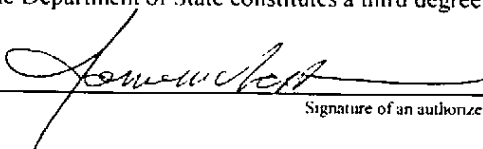
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: James M Rogers	<input type="checkbox"/> Manager	Name: Kevin J Schmidt
<input type="checkbox"/> Member	Address: 3500 Edinburgh Dr	<input checked="" type="checkbox"/> Member	Address: 13904 Playa Way
<input type="checkbox"/> Authorized	Pace, Florida, 32571	<input type="checkbox"/> Authorized	Pensacola, FL 32507
Person		Person	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

FILED  
2021 JUN 11 PM 2:01  
STATE OF FLORIDA  
SECRETARY OF STATE

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.

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  
  
JAMES M. ROGERS  
\_\_\_\_\_  
Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

04/03/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Argo Cyber Systems LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

FILED  
2021 JUN 11 PM 2:07  
SECRETARY OF STATE  
TREASURER  
CLERK



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Neeraj W. Desai*

Acting Secretary of the Commonwealth

Certification Number: TSC210403100182-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>