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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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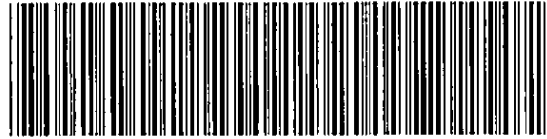
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARGUS SERVICES 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:

MARY HEATHER WEBB
Name of Person
ARGUS SERVICES LLC
Firm/Company
4346 GROVE PARK DRIVE
Address
TALLAHASSEE FL 32311
City/State and Zip Code
mhhansyu@gmail.com
E-mail address: (to be used for future annual report notification)

REC-11
2011-2-21

For further information concerning this matter, please call:

MARY HEATHER WEBB at (703) 401 2065
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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ARGUS SERVICES 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. SOUTH CAROLINA 3. 83-4300541
(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. 4316 Grove Park Dr 6. _____
(Street Address of Principal Office) (Mailing Address)
Tallahassee FL
32311

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

Name: MARY HEATHER WEBB
Office Address: 722 N Gadsden St
Tallahassee FL, Florida 32303
(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.

Mary Heather Webb
(Registered agent's signature)

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: | MARY HEATHER WEBB | <input type="checkbox"/> Manager | Name: | |
| <input type="checkbox"/> Member | Address: | 4346 GROVE PARK DR TALLAHASSEE, FL 32311 | <input type="checkbox"/> Member | Address: | |
| <input type="checkbox"/> Authorized | | | <input type="checkbox"/> Authorized | | |
| <input type="checkbox"/> Person | | | <input type="checkbox"/> 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 | | |
| <input type="checkbox"/> Person | | | <input type="checkbox"/> 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 | | |
| <input type="checkbox"/> Person | | | <input type="checkbox"/> 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 | | |
| <input type="checkbox"/> Person | | | <input type="checkbox"/> Person | | |
| <input type="checkbox"/> Other | | | <input type="checkbox"/> Other | | |

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.

Mary Heather Webb
Signature of an authorized person

MARY HEATHER WEBB
Typed or printed name of signer

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Argus Services, LLC, a limited liability company duly organized under the laws of the State of South Carolina on April 5th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

23 MAR 2023

Given under my Hand and the Great Seal
of the State of South Carolina this 22nd
day of March, 2023.

A handwritten signature of Mark Hammond in black ink.
Mark Hammond, Secretary of State