

# M23000006510

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

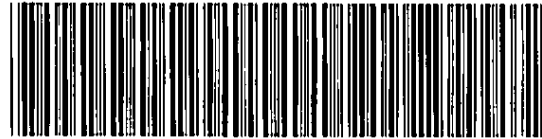
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 05/18/2023

Name: KEN

Reference #: 2003683

Entity Name: ARMoured ONE, LLC

☐ ☒ Articles of Incorporation/Authorization-to-Transact-Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other

**\*\* CERTIFIED COPY UPON FILING \*\***

Authorized Amount: \$155.00

Signature: [Signature]

● CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40<sup>TH</sup> ST, 10<sup>TH</sup> FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

● EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES,  
REGISTRY #8010712  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

● ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790



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☐ Fictitious Name

☒ Other \*\* CERTIFIED COPY UPON FILING \*\*

Authorized Amount: \$155.00

Signature: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Armoured One, 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:

Deepa Francis  
Name of Person

Armoured One, LLC  
Firm/Company

386 N Midler Ave  
Address

Syracuse, NY 13206  
City/State and Zip Code

dfrancis@armouredone.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deepa Francis at ( ) 315 883 2042  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**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    ☐ \$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. Armoured One, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

If known, provide the exact alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."

2. NY 3. 46-1864542  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Not Applicable  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 386 N Midler Ave 6. 386 N Midler Ave  
(Street Address of Principal Office) (Mailing Address)  
Syracuse Syracuse  
NY, 13206 NY, 13206

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

Name: Cogency Global Inc.  
Office Address: 115 North Calhoun St. Suite 4  
Tallahassee, Florida 32301  
(City) (Zip code)

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY 18 PM 1:37

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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.

[Signature]  
(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 type="checkbox"/> Manager	Name: <u>Lisa Henderson</u>	<input type="checkbox"/> Manager	Name: <u>Deepa Francis</u>
<input type="checkbox"/> Member	Address: <u>386 N Midler Ave</u>	<input type="checkbox"/> Member	Address: <u>386 N Midler Ave</u>
<input checked="" type="checkbox"/> Authorized	<u>Syracuse, NY 13206</u>	<input checked="" type="checkbox"/> Authorized	<u>Syracuse, NY 13206</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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"/> 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"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be indexed 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  
  
 Lisa Henderson, CEO  
 \_\_\_\_\_  
 Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	ARMoured ONE, LLC
DOS ID Number:	4350928
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	01/25/2013
Statement Status:	CURRENT
Statement Due Date:	01/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on May 18, 2023 at 03:21 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>