

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INCRP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Documents@incorp.com

Foreign Limited Liability Company
Archon Resources, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Archon Resources, 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:

Joanna Fernandez on behalf of InCorp Services, Inc.

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy Suite 500S

Address

Las Vegas, NV 89169-6014

City, State and Zip Code

documents@incorp.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanna Fernandez for InCorp Services, Inc.

800-246-2677

Name of Contact Person

at

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 605002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Archon Resources, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must not use "Limited Liability Company," "LLC," or "L.L.C.")

2 Oklahoma 3 824226617
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4 Upon Registration
(Date first transacted business in person, in person registration or
over section 605.004 & 605.005, F.S. (determine permitted activity))

5 7134 South Yale Ave, Suite 210 6 7134 South Yale Ave, Suite 210
(Street Address of Principal Office) (Mailing Address)

Tulsa, OK 74136 Tulsa, OK 74136

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

Name InCorp Services, Inc.

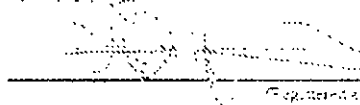
Office Address 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (Zip code)

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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.

 Louise Breitenbach on behalf of InCorp Services, Inc.
(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>
☒ Manager	Name: <u>David Moore</u>	☐ Manager	Name: <u>Aaron Sams</u>
☐ Member	Address _____	☒ Member	Address _____
☐ Authorized	<u>7134 South Yale Ave. Suite 210</u>	☐ Authorized	<u>7134 South Yale Ave. Suite 210</u>
☐ Person	<u>Tulsa, OK 74136</u>	☐ Person	<u>Tulsa, OK 74136</u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>Ann Lowry</u>	☐ Manager	Name: _____
☐ Member	Address _____	☐ Member	Address _____
☒ Authorized	<u>7134 South Yale Ave. Suite 210</u>	☐ Authorized	_____
☐ Person	<u>Tulsa, OK 74136</u>	☐ Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ 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. 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 605.02(3)(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 317.155, F.S.



 Signature of an authorized person.

David Moore

 Typed or printed name of signer

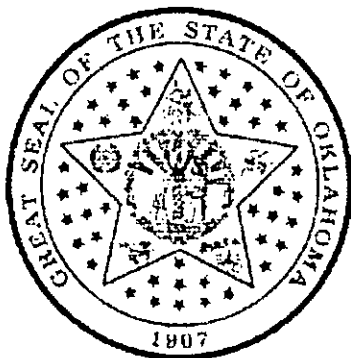
OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC LIMITED LIABILITY COMPANY**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that ARCHON RESOURCES, LLC whose registered agent is DAVID MOORE, with its registered office at 6120 SOUTH YALE AVENUE, SUITE 1225 TULSA 74136 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 31st, day of August, 2023.

Bruce Blagden

Secretary Of State