

P20000022463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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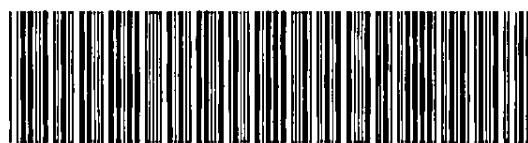
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 11 2020

COVER LETTER

ATX1

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Argent Consulting, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00

Filing Fee

☐ \$78.75

Filing Fee
& Certificate of Status

☐ \$78.75

Filing Fee
& Certified Copy

☐ \$87.50

Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Argent Consulting, Inc

Name (Printed or typed)

PO Box 31462

Address

Palm Gardens, FL 33420

City, State & Zip

315-281-4302

Daytime Telephone number

kevin@argentclaims.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Argent Consulting, Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address393 Kelsey Park DrPalm Beach, FL 33410

Mailing address, if different is:

PO Box 31462Palm Gardens, FL 33420**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Fillipini, Kevin, J, PresidentName and Title: Fillippini, Kevin, J, DirectorAddress: 393 Kelsey Park DrAddress: 393 Kelsey Park DrPalm Beach, FL 33410Palm Beach, FL 33410

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kevin J Fillippini
Address: 393 Kelsey Park Dr
Palm Beach, FL 33410

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Kevin J Fillippini
Address: 393 Kelsey Park Dr
Palm Beach, FL 33410

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2/11/2020
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

2/11/2020
Date