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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

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

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**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Artisans of Leisure, Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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2017 OCT 16 PM 5:07  
FALL AVE  
TALLAHASSEE, FL 32310  
DIVISION OF CORPORATIONS

17 OCT 16 AM 10:25  
DIVISION OF CORPORATIONS

FILED

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Artisans of Leisure, Inc.  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 02-0710133  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/20/2003 5. N/A  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 18 East 16th Street, Suite 301  
 (Principal office address)

New York, New York 10003  
 (Current mailing address, if different)

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

Name: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Rd. #221E  
Palm Beach Gardens Florida 33410  
 (City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Kristen Espinoles, Special Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Ashley Ganz  
Address: 18 E. 16th Street, Suite 301, New York, NY 10003

Vice Chairman:  
Address:

Director:  
Address:

Director:  
Address:

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B. OFFICERS

President: Ashley Ganz  
Address: 18 East 16th Street, Suite 301  
New York, NY 10003

Vice President:  
Address:

Secretary:  
Address:

Treasurer:  
Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. X Ashley Ganz  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Ashley Ganz, President  
(Typed or printed name and capacity of person signing application)

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of ARTISANS OF LEISURE, INC. was filed on 10/20/2003, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

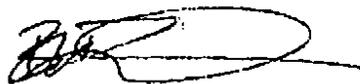
Certificate of Change was filed on 04/18/2017.

A Biennial Statement was filed 10/12/2017.

I further certify that no other documents have been filed by such corporation.

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 13th day of October  
two thousand and seventeen.*



Brendan W. Fitzgerald  
Executive Deputy Secretary of State

