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TO: **Registration Section Division of Corporations**

Artisan Law, P.C. **SUBJECT:**

Name of corporation - must include suffix

Dear Sir or Madam:

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The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

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Shaina Jones Magrone, Esq.

	Name	of Person			
Artisan Law, P.C.					
	Firm/0	Company		28	
8350 NW 52nd Ter., Suite #301				2021 H	*- =
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Miami, FL 33136			:	21 21	ł
	City/Sta	te and Zip code			
info@artisanlawfirm.com				<u> </u>	\bigcirc
E-ma	il address: (to be us	ed for future annual report	notification)	AHIO: 23	
For further information concerni	ing this matter, plea	se call:		-	
Shaina Jones Magrone, Esq.	718 at (909-2356			
Name of Person	Area (Code Daytime Telep	ohone Number		
STREET/COURIER A	DDRESS:	MAILING A	ADDRESS:		
Registration Section					
Division of Corporation		Division of Corporations			
The Centre of Tallahass		P.O. Box 6327			
2415 N. Monroe Street; Tallahassee, FL 32303	Suite 810	Tallahassee, I	FL 32314		
Enclosed is a check for the follo Please make check payable to: FLO		NT OF CTATE			
	.75 Filing Fee &	S78.75 Filing Fee &	\$87.50 Filing Fee		
*	rtificate of Status	Certified Copy	Certificate of Stat		

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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.

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	aw, P.C., Inc.	pted for the purpose of transacting business in Florida)	
New Yo		2-3898845	
•	y under the law of which it is incorporated)	(FEI number, if applicable)	-
	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liability)	
57 West	57th Street, 4th Floor, New (Principal office)		
	(Current mailing a	ddress, if different)	2021
Name and stree	et address of Florida registered agent: (P.O. B	Box <u>NOT</u> acceptable)	
Name:	Registered Agents Inc.		E E
ffice Address:	7901 4th St N STE 300	າງ ເທິງ ເທິງ	AM
	St. Petersburg	, Florida 33702	4H 10: 2:
	(City)	(Zip code)	$\omega_{\rm c}$

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.

E	sel Hame
	(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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			
Chairman	Shaina Jones Magrone, Esq.	Chairman	Name:
🗇 Vice Chairman	57 West 57th Street Address:	⊡Vice Chairman	Address:
Director	4th Floor	Director	
President	New York, NY 10019		
□Vice President	<u></u>	□ Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other		Other	Other
□Chairman	Name:	Chairman	Name:
⊡Vice Chairman	Address:	□Vice Chairman	Address:
Director	· · · · · · · · · · · · · · · · · · ·	Director	
□President		President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	Other	Other	Other
⊡Chairman	Name:	Chairman	
⊡Vice Chairman	Address:	□Vice Chairman	Address:
Director	,	Director	
President		President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other	Other	Other	Other
Important Notice: I individuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Depart	tachment will be image nent of State Annual Re	ed for reporting purposes only. Non-indexed

Sham Signature of Director or Officer 12. ____

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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. Shaina Jones Magrone, Esq.

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(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 ARTISAN LAW, P.C. was filed on 01/05/2018, under the name of JONES LEGAL, P.C., 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.

A Certificate of Amendment JONES LEGAL, P.C., changing its name to ARTISAN LAW, P.C., was filed 02/05/2021.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of April two thousand and twenty-one.

Branden C. Hughan

Brendan C Hughes Executive Deputy Secretary of State