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| ACCOUNT NO. : 072100000032 | |
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| REFERENCE : 217398 43351 | 68 AS _ |
| AUTHORIZATION : Totalia Jours | 95 FE |
| COST LIMIT : \$ 125.00 | P. ASSE |
| ORDER DATE : February 22, 2005 | OF STA |
| ORDER TIME : 3:50 PM | 30 10A |
| ORDER NO. : 217398-005 | |
| CUSTOMER NO: 4335168 | |
| CUSTOMER: Alain Rozan, Esq. Rozan & Nilson, Esqs. | |
| Suite 850 420 Lexington Avenue New York, NY 10170 | |
| DOMESTIC FILING | |
| NAME: ART CONCEPT DESIGN, LLC | |
| EFFECTIVE DATE: | |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FIR | LING: |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | |
| CONTACT PERSON: Troy Todd - EXT. 2940 | |

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| SECHE RESERVE | 0588876 | 3 \$ | |
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| ARTICLE I - Name: The name of the Limited Liability Company is | · | | | |
|---|---|--|--|--|
| ART CONCEPT DESIGN, LLC | | | | |
| ARTICLE II - Address: The mailing address and street address of the p | orincipal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 2545 East Sunrise Boulevard, #150 | 2545 East Sunrise Boulevard, #150 | | | |
| Fort Lauderdale, FL 33304 | Fort Lauderdale, FL 33304 | | | |
| ARTICLE III - Registered Agent, Registere | od Office & Registered Agent's Signature | | | |
| The name and the Florida street address of the | , , , | | | |
| Corporation Service C | отрапу | | | |
| Nam | e | | | |
| 1201 Hays Street | | | | |
| Florida street address (P | O. Box NOT acceptable) | | | |
| Tallahassae | FLORIDA 32301 | | | |
| City, State | and Zip | | | |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

By: Mules Company

Registered Agent's Signature

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title: | Name and Address: |
|--|--|
| "MGR" = Manager "MGRM" = Managing Member | |
| MGRM | Laurent Christian Yon |
| Mari | |
| | 2545 East Sunrise Boulevard, #150 Fort Lauderdale, FL 33304 |
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| (Use attachment if necessary) | |
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| MOTE: An additional article me | t be added if an effective date is requested. |
| 1101 E. All additional at ticle in | 1 be added if an encente date is requested. |
| REQUIRED SIGNATURE | A |
| | 1/11/0 |
| | |
| Signature of a member of | red audiorized depresentative of a member. |
| (In accordance with section | on 608.408(3), Plorida Statutes, the execution |
| of this document constitute | es an affirmation under the penalties of perjury |
| that the facts stated herein | are true.) |
| By:Alain Rozan | |
| Typed | or printed name of signee |

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)