

105000026884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

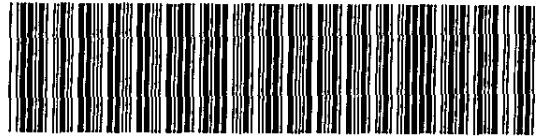
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100048315651

08/16/05--01053--002 \*\*160.00

FILED  
2007 16 PM 1:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

105-26884  
JL

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARTRENO LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODION KORNIENKO  
(Name of Person)

ARTRENO LLC  
(Firm/Company)

11290 NW 46th Dr.  
(Address)

Coral Springs, FL 33076  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rodion (Rod) Komienko at ( 954 ) 796-1933, Cell 954-729-7098  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 MAR 16 PM 1:36

11-11-06

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTRENO LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

200 SW 12th Ave.  
Pompano Beach, FL 33069

#### Mailing Address:

11290 NW 46th Dr.  
Coral Springs, FL 33076

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Rodion KORNIENKO

Name

11290 NW 46th Dr.

Florida street address (P.O. Box NOT acceptable)

Coral Springs FL 33076

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, F.S..*

Rodion Kornienko

Registered Agent's Signature

(CONTINUED)

FILED  
2005 MAR 16 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Rodion KORNIENKO

11290 NW 46th Dr.

Coral Springs, FL 33076

MGR

Valery GREBENUK

231-174 St. Apt. 1803

Sunny Isles Beach, FL 33160

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Rodion Kornienko

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Rodion KORNIENKO

3-14-05

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

FILED  
2005 MAR 15 PM 1:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA