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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

FILED  
06 MAR 13 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

art promoters, llc

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATION

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③

**ARTICLE I - Name:**

**The name of the Limited Liability Company is:**

**ART PROMOTERS, LLC**

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

13968 SW 155 Terrace  
Miami, FL 33177-0920

**Mailing Address:**

13968 SW 155 Terrace  
Miami, FL 33177-0920

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

**The name and the Florida street address of the registered agent is:**

Name: \_\_\_\_\_

**Roberto F. Fleitz**

Florida street address (P.O. Box NOT acceptable): 782 NW Le Jeune Road, Suite 530

City, State, and Zip: \_\_\_\_\_

**Miami, FL 33126**

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, FS.

**Registered Agent's Signature (REQUIRED)**

Roberto F. Feltus

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HOLBORN LODGE

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

**Title:**  
Manager

**Name and Address:**  
Carmen Gamez  
13968 SW 155 Terrace  
Miami, FL 33177-0920

**ARTICLE V: 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 business days prior to or 90 days after the date of filing.)

✓ Concurrence  
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.)

Carmen Garner  
Typed or printed name of signer

Prepared by: Roberto F. Fleitas, Jr.,  
782 NW Le Jeune Rd., # 530  
Miami, Florida 33126  
(305) 442-1439

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