

L11000130596

(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



800214040438

11/17/11--01001--021 **125.00

T. CLINE

NOV 16 2011

EXAMINER

RECEIVED

11 NOV 16 PM 3:20

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 NOV 16 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Joel C. Johnson
Requester's Name

2121 Corrine St.
Address

Tallahassee, FL 32308 (904) 241-2749
City/State/Zip Phone #

RECEIVED

11 NOV 16 PM 3:20

STATE SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Ars Nova International, LLC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
11 NOV 16 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
Ars Nova International, LLC.**

The undersigned, acting as organizers of a Limited Liability Company pursuant to chapter 608.407,
Florida Statutes, adopts the following Articles of Organization.

**ARTICLE I
Name**

The Name of this Limited Liability Company is: **Ars Nova International, LLC.**

**ARTICLE II
Business Purpose**

The purpose of **Ars Nova International, LLC.** will be to operate as a for-profit company. This company shall conduct any and all business purposes legally allowed under the laws of the State of Florida, the United States of America, and it's territories.

**ARTICLE III
Principle place of business and mailing address**

The address of the principal office and mailing address for **Ars Nova International, LLC.** is: 2121 Corinne St., Tallahassee, Florida 32308.

**ARTICLE IV
Initial registered agent and street address**

The street address of the Limited Liability Company's initial registered office and name of its initial registered agent are as follows:

Joel Claude Johnson
2121 Corinne St.
Tallahassee, Florida 32308

**ARTICLE VI
Manner of election of officers and directors**

The manner of election of the Board of Directors and officers of the Limited Liability Company prescribed in the Bylaws of the Limited Liability Company.

FILED
11 NOV 16 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

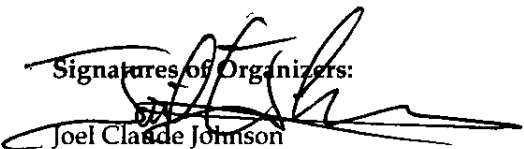
**ARTICLE VII
Management**

The name and address of the Organizers for this Limited Liability Company:

Joel Claude Johnson
2121 Corinne St.
Tallahassee, Florida 32308

The undersigned organizers have executed these Articles of Organization this 16th day of November, 2011.

Signatures of Organizers:


Joel Claude Johnson
(Name of Organizer)

11/16/2011

FILED
11 NOV 16 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IIX
Certificate of Designation of Registered Agent/Registered Office

PURSUANT TO THE PROVISION OF SECTION 608, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is **Ars Nova International, LLC**.

The name and address of the registered agent and office is:

Joel Claude Johnson
2121 Corinne St.
Tallahassee, Florida 32308

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.


Signature

11/16/2011
Date

FILED
11 NOV 16 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA