120014246

(Re	questor's Name)	
(Ad	dress)	
· ·	•	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Po	cument Number)	
· ·	•	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		į
		Ì



000239143930

09/04/12--01044--018 **125.00

12 SEP -4 PH 3: 23
SECKETARY OF STATE
ALLAHASSEF, FLORIDA

Office Use Only

G. MCLEOD

SEP - 6 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporati	ons		
SUBJE	_{CT:} NIKA ART	S, LLC		
20202			ted Liability Company	
The enc	losed Articles of Organi	zation and fee(s) are	submitted for filing.	
Please r	eturn all correspondence	concerning this ma	tter to the following:	
·	VERONIKA B	ELCHENK	Name of Person	
	NIKA ARTS, L	LC		
_			Firm/Company	
	50 LEXINGTO	N AVENUE	, SUITE 10C	
_			Address	
N	NEW YORK, NY	′ 10010		
_	·	Ci	ty/State and Zip Code	
	veronikabelchenk			
	E-ma	il address: (to be used	for future annual report notification)	
For furtl	ner information concerni	ing this matter, pleas	e call:	
VERO	ONIKA BELCHEN	NKO	at (917) 543-5484	
	Name of Person		Area Code & Daytime Telep	phone Number
Enclose	ed is a check for the fo	llowing amount:		
\$125.00		00 Filing Fee & ificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. l	ng Address tration Section ion of Corporations Box 6327 hassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabi	lity Company is:	
NIKA ARTS, LLC		
(Must end with the	words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE 11 - Address:		
The mailing address and street	address of the principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
50 LEXINGTON AVENUE, SUI NEW YORK	TTE 10C 50 LEXINGTON AVENU	E, SUITE 10C
NY 10010	NY 10010	
(The Limited Liability Company cannot business entity with an active Florida re The name and the Florida stree	address of the registered agent are:	individual or another
OLESIA	Y. BELCHENKO	
185 SW	Name 7TH STREET, SUITE 4210	
	Florida street address (P.O. Box <u>NOT</u> acceptable)) ES 🔐 Ⴀ
MIAMI	_{FI} 33130	RP 2

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR M	VERONIKA BELCHENKO 50 LEXINGTON AVENUE, SUITE 10C NEW YORK, NY 10010
	
	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days p
required signature:	Doel
(In accordance with section of constitutes an affirmation un I am aware that any false informations a third degree fellows.)	608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)

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)

Typed or printed name of signee