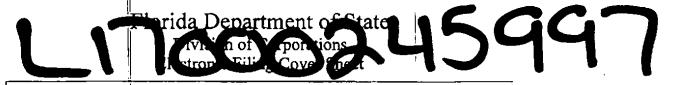
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845) 425-0077 : (845)818-3588 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. WYNWOOD POP UP ART GALLERY LLC

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ARTICLESO	FORGANIZ	ATION FOR FI	LORIDA LIM	ATTED LIABIL	JTY COMPANY		¥	
ARTICLE I - Name:	• '				*		•	
The name of the Limited Liabili	ty Company	y is:						
	\ \							
WYNWOOD POP	 UP ART GA	ALLERY LLC						
				mpany, "L.L.(C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	address of th	ne principa) off	fice of the Li	imited Liabili	ty Company is:			
<u>Princir</u>	A esillo lac	ddress:			Mailing Address:			
2312 North Miami /	Ave, 2nd Flo	oor		2312 North	Miami Ave, 2nd Floor			
Miami, Fl 33127	7			Miami, Fl 3				
(The Limited Liability Compan- another business entity with an The name and the Florida street	active Flori address of	da registration	ı.)			の記念がある。	NOV 30	•
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daving been named as registered clace designated in this certificate wither agree to comply with the p am familiar with and accept the o	r, I hereby a rovisions of	ccept the appoi fall statutes rel fmy position a	intment as re ating to the p	egistered agen proper and co agent as provi	t and agree to act in this cap mplete performance of my du	acity. 1 ities, and I		

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	D 1
AMBR	Dan Arev 2312 North Miami Ave, 2nd Floor
1	Miami, Fl 33127
'	ratum, 11 33 tar
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j `	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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