## Florida Department

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## FLORIDA LIMITED LIABILITY CO. SHENYENG ARTISTRY, LLC.

Certificate of Status	1
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Help

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ARTICLE I - Na	ARTICLES OF ORGAN me: imited Liability Compa		FLORIDA LI	IMITEDLIABI	LITY COMPANY	

SHENYENG ARTISTRY, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
18343 NE 4TH COURT SUITE 18343 MIAMI, FL. 33179	18343 NE 4TH COURT SUITE 18343 MIAMI, FL. 33179

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 are:

LISA M MILLER		
	Name	<u> </u>
18343 NE 4TH CO	URT SUITE 18343	
Florida street addre	ss (P.O. Box NOT ac	cceptable)
MIAMI	FL	33179
City	State	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 statetes 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (i) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State.  LEVI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (i) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155; F.S.  LISA M MILLER  Typed or printed name of signee	**MGR* = Manager*  MGR	Name and Addanger	Liability Company:
MGR.  LISA M MILLER 18343 NE 4TH COURT SUITE 18343 MIAMI, FL 33179  MGR.  CHINSEA L LEE 18343 NE 4TH COURT SUITE 18343 MIAMI, FL 33179  LE Y: Effective date, if other than the date of filing: (OPTIONAL) Tective date is listed, the date must be specific and cannot be more than five business: days prior to or 90 of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ament's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature by a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155; E.S.  LISA M MILLER  Typed or printed name of signee	MGR.  LISA M MILLER  18343 NE 4TH COURT SUITE 18343  MIAMI, FL. 33179  MGR.  CHINSEA L LEE  18343 NE 4TH COURT SUITE 18343.  MIAMI, FL 33179  LEV: Effective date, if other than the date of filing:  (OPTIONAL)  Tective date is listed, the date inast be specific and cannot be more than five business days prior to or 90 d of filing.  Of filing.  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be more than five business.  LEVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155; F.S.  LISA M MILLER  Typed or printed name of signce  Filing Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Resistant has a second and performance of the printer of the second and performance of the p		
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