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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	)
(Ď	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
		;





## FLORIDA FILING & SEARCH SERVICES, INC.

### P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/19/22

NAME: CRYPTOARTGLOBAL LLC

TYPE OF FILING: ARTICLES

COST: 160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	CRYPTOARTGLOBAL LLC			
30000		Limited Liabil	ity Company	
The enclo	osed Articles of Organization and fee(s)	are submitted	for filing.	
Please ret	turn all correspondence concerning this	matter to the	following:	
	FEDERICO HAUSAMMANN			
		Name of	Person	
		Firm/Co	mpany	
	1951 NW SOUTH RIVER DR STE	1007		
		Addr	ess	
	MIAMI FL 33125			
		City/State an	d Zip Code	
	INFO@FEDEHAUS.COM			
	E-mail address: (to be us		mnual report notificati	on)
For further	information concerning this matter, plo	ase call:		
	FEDERICO HAUSMMANN	305 (	934-1665 _)	
			Daytime Telephon	
Enclosed	is a check for the following amount:			
□\$125.0	00 Filing Fee   \$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy at copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section Division of Corporations		New Filing Section Di The Centre of Tallaha	
	P.O. Box 6327		2415 N. Monroe Stree	et. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2022 HAY 19 PM 2: 50

SECRETARY OF STATE TALLAHASSEE, FL

CRYPTOARTGLOBAL LLC

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

AR

<u>Principa</u>	l Office Address:		Mailing Address:
_1951_NW_SOUTHERD	VER DR STE 1007.	1951	NW SOUTH RIVER DR STE 100
MIAMI FL 33125		MIA	MI FL 33125
nother business entity with an ac	ctive Florida registratio	on.)	You must designate an individual or
other business entity with an ac	ctive Florida registration ddress of the registered	an.)	You must designate an individual or
nother business entity with an ac	ctive Florida registratio	an.)	You must designate an individual or
nother business entity with an ac	ctive Florida registration ddress of the registered	agent are:  MMANN  Name	
nother business entity with an ac	ctive Florida registration ddress of the registered FEDERICO HAUSA	on.) I agent are:  MMANN Name  IVER DR STE 100	7.
nother business entity with an ac	etive Florida registration ddress of the registered FEDERICO HAUSA	on.) I agent are:  MMANN Name  IVER DR STE 100	7.

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	FEDERICO HAUSAMMANN
	1951 NW SOUTH RIVER DR STE 1007 MIAMI, FL 33125 USA
	MIRMI, 11, 35125 USK
AMBR	LEOPOLDO VENDRAMIN
	VIA SACCARDO 17
	VOLPAGO DEL MONTELLO, TV 31040 IT
	二
<u></u>	
	SSC
	<u></u>
E V: Effective date, if other than the	date of filing: MAY 15 2022 (OPTIONAL)
ective date is listed, the date must to filing.)	not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ective date is listed, the date must to filing.) The date inserted in this block does ment's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ective date is listed, the date must to filing.) The date inserted in this block does ment's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the lective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Department. E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is end and any are that any	not meet the applicable statutory filing requirements, this date will not ment of State's records.  a member or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b), Florida Statutes.  False information submitted in a document to the Department of State
E V: Effective date, if other than the fective date is listed, the date must be of filing.)  The date inserted in this block does ment's effective date on the Department's effective date on t	not meet the applicable statutory filing requirements, this date will not ment of State's records.  a member or an authorized representative of a member.  axecuted in accordance with section 605.0203 (1) (b), Florida Statutes.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)