Division of Corporations Annual Telephone Page: 1012 Division of Corporations Annual Telephone Division of Corporations Division of Corporations Annual Telephone Annual Telephone Division of Corporations Division of Corporatio

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number: T2008C000067 Phone : (\$45)425-0077 : (345)818-3538 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:		
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FLORIDA LIMITED LIABILITY CO.

Tetra Fine Art LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALLMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: Tetra Fine Art LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.,") ARTICLE H - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

4100 NW 28TH WAY	500 FIETH AVE # 4300
BOCA RATON FL 33434	New York, NY 10110

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:

TOM GRILL		
	Name	
4100 NW 28TH WA	Y	
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
BOCA RATON	FL	33434
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 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)

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To: *

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	TOM GRILL 4100 NW 28TH WAY BOCA RATON, FL 33434	
		
(Use attachment if necessary) CLE V: Effective date, if other than the date of	of filing: (OPTION	VAL)
CLE V: Effective date, if other than the date of effective date is listed, the date must be spec- te of filing.) If the date inserted in this block does not me	cific and cannot be more than five business days price eet the applicable statutory filing requirements, this da	or to or 90 da
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