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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _	(Na	Mas US CCC me of Limited Liability Company)	
Florida," Certif	•••	imited Liability Company for Authorization to Trans heck are submitted to register the above referenced for Florida	
Please return a	II correspondence concern	ning this matter to the following:	
	MALL	(Name of Person)	
		(Name of Person)	8 FEB -4 SECRETARY TALLAHASS
-		(Firm/Company)	THO P
_	210	SPA CUII CN (Address)	3: 21 STATE ALORIDA
"	_	(Address)	
5	AVASITA	(Address) FC 34236 (City/State and Zip Code)	
		(City/State and Zip Code)	
For further info	ormation concerning this i	matter, please call:	
MA.	(Name of Person)	at (937) 36/- 104 (Area Code & Daytime Telephone Nu	<u>Z</u> imber)
Division P.O. Bo	NG ADDRESS: n of Corporations ox 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	heck for the following am 00 Filing Fee \$130.00 F	iling Fee & \$\Bigcup\$155.00 Filing Fee & \$\Bigcup\$\$\$\$ \$\Bigcup\$\$\$ \$\Bigcup\$\$\$\$ \$\Bigcup\$\$\$\$\$ \$\Bigcup\$\$\$\$\$\$\$\$ \$\Bigcup\$	ee, Certificate is & Certified Copy
=20	4r4 P.Ar	tis Ans. Us	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	Į
1. Artisans US, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Foreign Limited Liability Company, must include Limited Liability Company, L.L.C., of LLC.)	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	ı
2	
company is organized)	
4. Avgust 28 2007 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
exist or "perpetual")	
6. December 18 2007 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
(See sections 608.501 & 608.502 F.S. to determine penalty liability)	-
7. 448 Timberles TR	ř
7. 448 TimSerlea TR Vettering OSib 43429 (Street Address of Principal Office)	Ţ
(Street Address of Principal Office) ロー・	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
MARK Grines 210 Sep Gull CN SAMSOND FR 34231	
SAMSOM FC 34231	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	
translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: retail Sales	
$C:FT \to T$	
MB	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
Typed or printed name of signee	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Artisans US, LLC	····
If name unavailable, the alternate name to be used in the state of Florida is:	• •
2. The name and the Florida street address of the registered agent and office are:	08 FEB -4 SECRETARY ALLAHASS
MANG Crimes	PH 3
210 SEA G-11 LN	TARE 27
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
SAIASOTA FL 34236 City/State/Zip	
City/State/Eip	

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, Florida Statutes.

(Signature)

Filing Fee for Application \$ 100.00

Designation of Registered Agent \$ 25.00

Certified Copy (optional) 30.00

5.00 **Certificate of Status (optional)**

. United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ARTISANS US, LLC, an Ohio Limited Liability Company, Registration Number 1723197, was organized within the State of Ohio on August 28, 2007, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of January, A.D. 2008

Ohio Secretary of State

Validation Number: V200829JCDD91