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. (Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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EXAMINER



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SECRETARY OF STATE

W10-53911

COVER LETTER

TO:

Registration Section

Division of Corporations						
SUBJECT: Mela Artists, LLC Name of Limited Liability Company						
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certif Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in						
Please return all correspondence concerning this matter to the following:						
Navroze Mehta						
Name of Person						
Mela Artists, LLC						
Firm/Company						
4140 Georges Way						
Address						
Boca Raton, FL 33434						
City/State and Zip Code						
navrozeme@gmail.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Gloria Skigen at (203) 973-5222						
Name of Person Area Code & Daytime Telephone Number						
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building						
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301						
Enclosed is a check for the following amount: \$\int_{\text{\$125.00 Filing Fee}} \int_{\text{\$130.00 Filing Fee}} \int_{\text{\$155.00 Filing Fee}} \int_{\text{\$155.00 Filing Fee}} \int_{\text{\$160.00 Filing Fee}} \int_{\text{\$00 Filing Fee}} \int_{						

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 M	ela Artists, LLC	- ~.			
. <u></u>	(Name of Foreign Limited Liability Company; must include	ude	"Limited Liability Company," "L.L.C.," or "LLC.")	-	
				_	
conser			of transacting business in Florida and attach a copy of the ate name. The alternate name must include "Limited Liabi		n
2. De	olaware s	3.	561-289-9704		
	isdiction under the law of which foreign limited liability pany is organized)		(FEI number, if applicable)	-	
4. 0		5.	Perpetual		
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	_	
6				<u></u>	
	(Date first transacted business in Fl (See sections 608.501 & 608.502 F.S	ori . to	da, if prior to registration.) o determine penalty liability)		
7. <u>4</u>	140 Georges Way				
В	oca Raton, FL 33434		NLL/	70 X	
	(Street Address	of	Principal Office)	NOV 29	a sengg P
8. If	limited liability company is a manager-managed	l c		29	***
9. Ti	e name and usual business addresses of the man	ag	ging members or managers are as follows:	t:	
	avroze Mehta		TAT ORII	ယ	No.
4	140 Georges Way		Ā	- 60∩	
В	oca Raton, FL 33434			-	
 10. A1	toched is an original costificate of mistance as more than 00	ساء		_ 	
thejuri	sdiction under the law of which it is organized. (A photocop	уi	ys old, duly authenticated by the official having custody of re is not acceptable. If the certificate is in a foreign language, a	corus i	11
iransla	tion of the certificate under oath of the translator must be sub	mi	ffed)		
11. N	lature of business or purposes to be conducted o	rŗ	promoted in Florida: Importing and selling art.	_	
_	- Ma	4	4	_ .	
	Mille	1	7)		
	Signature of a member or an au	ıth	orized representative of a member.		
			ion of this document constitutes an affirmation under the I am aware that any false information submitted in a		
	document to the Department of State constitute		a third degree felony as provided for in s.817.155, F.S.)		
	Navroze Mehta				

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 C	Company is:	•
Mela Arti	sts, LLC		<u> </u>
If unavailable	, the alternate to be used i	in the state of Florida is:	
2. The name	and the Florida street add	lress of the registered agent and office are:	
	Navroze Mehta		
		(Name)	
	4140 Georges Wa	PAY St Address (P.O. Box NOT ACCEPTABLE)	
	Piolida Succ	r Address (r.o. box <u>rot</u> accertable)	
	Boca Raton	_{FL} 33434	
		City/State/Zip	
liability composition agent and agriculture relating to the	any at the place designated tee to act in this capacity. In proper and complete perform my position as registered in	and to accept service of process for the above d in this certificate, I hereby accept the appoor I further agree to comply with the provisions formance of my duties, and I am familiar with agent as provided for in Chapter 608, Florid (Signature)	ointment as registered s of all statutes th and accept the
	\$ 10	0.00 Filing Fee for Application	

\$ 25.00 Designation of Registered Agent

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MELA ARTISTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MELA ARTISTS, LLC" WAS FORMED ON THE EIGHTH DAY OF OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

STATE OF THE STATE

4882329 8300

101131397

AUTHENTICATION: 8385666

DATE: 11-30-10