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Certified Copies	Certificates	of Status		
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SECRETARY OF STATE

MAY 2 4 2012

T. HAMPTON

COVER LETTER

TO:

Registration Section

Division of Corporations	•				
SUBJECT: KIWI Arts Gallery, LLC					
Name of Limited Liability Company					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please return all correspondence concerning this matter to the following:					
Michael Huter					
Name of Person					
KIWI Arts Gallery, LLC					
Firm/Company					
48 NW 29th Street					
Address					
Miami, FL 33127					
City/State and Zip Code					
mikethewishmaker@gmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Xavier Viteri at (786	262-1237				
Name of Person · Area Code & Daytime	Telephone Number				
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Cir Tallahassee, FL 32301	cle				
Enclosed is a check for the following amount: \$\sum{\$\$125.00 \text{ Filing Fee}}\$ \$Certificate of Status \$\sum{\$\$Certified Copy}\$	& \$\int_{\text{s}160.00}\$ Filing Fee, Certificate of Status & Certified Copy				

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	IMITED LIABITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
сo	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited I ompany," "L.L.C," "LLC.")		
	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-2822479 (FEI number, if applicable)		
4.	(Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease exist or "perpetual")	e to v	SECRE
6.	(Data first transported business in Florida if prior to registration)	e to 2	TARY CO
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 48 NW 29th Street	H 10: 14	39 ST
7.	Miami, FL 33127	=	ALONE TAIL
	(Street Address of Principal Office)		
	If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: Michael Huter - 48 NW 29 Street - Miami, FL 33127		
	Scott Grasso - 48 NW 29 Street - Miami, FL 33127 Adrian Green - 48 NW 29 Street - Miami, FL 33127		
the tra	O. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody as jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language anslation of the certificate under oath of the translator must be submitted.) 1. Nature of business or purposes to be conducted or promoted in Florida: For All Business Purpo	e, a	ords in
	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. 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. Xavier Viteri	.)	

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:

KIWI ARTS GALLI	ERYLLC		
If unavailable, the alternate to be used	in the state of Florida is:		
2. The name and the Florida street add	dress of the registered agent and office are:		
Xavier Viteri			
(Name)			
6721 SW 69th Terrace			
Florida Stre	et Address (P.O. Box <u>NOT</u> ACCEPTABLE)		
Miami	FL 33143 City/State/Zip		
liability company at the place designate agent and agree to act in this capacity. relating to the proper and complete per	t and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as registered. I further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the lagent as provided for in Chapter 608, Florida Statutes. (Signature)		

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KIWI ARTS GALLERY 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 TWENTY-SIXTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4905930 8300

120475322

AUTHENTY CATION: 9530513

DATE: 04-26-12

You may verify this certificate online at corp.delaware.gov/authver.shtml