

M12 0000002905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

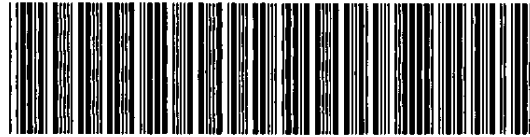
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 JUN 28 PM 11:14  
SECRETARY OF STATE  
TOLSON/SEC. OF STATE  
06/28/12-0102-008

T. CLINE

JUL - 2 2012

EXAMINER

M12-2905

To: Secretary of State – Division of Corporations  
From: KIWI Arts Gallery LLC  
Date: 06/27/2012  
Subject: Articles of Correction

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Sir or Madam,

Please accept the attached Articles of Correction for KIWI Arts Gallery LLC, a Foreign LLC. These articles of correction are being filed within the 30 business day's requirement, the original filing date being 05/23/2012.

Attached is a copy of the original documents as shown on the Florida Division of Corporations website.

Please let me know of any questions or concerns.

Very Truly Yours,



Xavier Viteri  
Authorized Representative for  
KIWI Arts Gallery LLC  
786-262-1237

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2012 JUN 28 PM 11:17  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KIWI ARTS GALLERY LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Xavier Viteri

Name of Person

Viteri Financial Corporation

Firm/Company

6721 SW 69 Terrace

Address

Miami, FL 33143

City/State and Zip Code

xavier@viterifinancial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xavier Viteri

Name of Person

at ( 786 )

262-1237

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)

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DIVISION OF STATE  
CORPORATIONS  
2012 JUN 28 PM 11:17  
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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
KIWI ARTS GALLERY LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
5/23/12 filing listed incorrect Managing Members, the LLC should only have one

Correction of Filing should be:

TITLE - MGRM - Michael Huter

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: June 26, 2012

Xavier Viteri  
Signature of a member or authorized representative of a member

Xavier Viteri

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

**1. KIWI Arts Gallery LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.")

**2. Delaware**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 45-2822479**

(FEI number, if applicable)

**4. 09/23/2010**

(Date of Organization)

**5. Perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6. 01/01/2012**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

**7. 48 NW 29th Street**

**Miami, FL 33127**

(Street Address of Principal Office)

**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:**

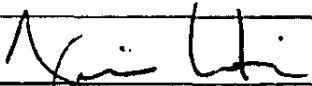
**Michael Huter - 48 NW 29 Street - Miami, FL 33127**

**Scott Grasso - 48 NW 29 Street - Miami, FL 33127**

**Adrian Green - 48 NW 29 Street - Miami, FL 33127**

**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: For All Business Purposes**

  
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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 23 AM 10:16

**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 GALLERY LLC                    

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

                    Xavier Viteri                    

(Name)

                    6721 SW 69th Terrace                    

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

                    Miami                    

                    FL 33143                    

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 608, Florida Statutes.*

                    *Xavier Viteri*                    

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 23 AM 10:14

# 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

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9530513

DATE: 04-26-12