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SECREBARY OF STATE
TALLAHASSEEFTLERIB

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I enclose Duplicates of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. The Certificate of Designation of Registered Agent/ Registered Office is also enclosed.

Also enclosed is a Certificate of Good Standing from the State of Delaware.

Please file the attached Application and return Proof of Filing and the requested Certified Copy via the enclosed pre-paid FedEx envelope.

Payment for the required fees is enclosed (\$155.00 to Department of State).

If you have any questions or concerns, do not hesitate to contact me.

Sincerely,

The Client Services Team MyNewCompany.com, Inc. 187 E. Warm Springs Rd., Suite B Las Vegas, NV 89119

Phone: 702-362-2677 Fax: 702-825-2581

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: Art Bastion, 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:					
Ed Tsuji					
Name of Person					
MyNewCompany.com, Inc.					
Firm/Company					
187 E. Warm Springs Road, Suite B					
Address					
Las Vegas, NV 89119					
City/State and Zip Code					
agent@mynewcompany.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Ed Tsuji 702 362-2677					
Name of Contact 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 CircleTallahassee, FL 32301					
Enclosed is a check for the following amount: \$\Bigsize \text{\$125.00 Filing Fee} \Bigsize \text{\$\$130.00 Filing Fee & Certificate of Status} \Bigsize \text{\$\$Certified Copy} \Bigsize \text{\$\$155.00 Filing Fee & Status & Certified Copy} \Bigsize \text{\$\$Of Status & Certified Copy} \Bigsize \text{\$\$Of Status & Certified Copy} \Bigsize \text{\$\$Of Status & Certified Copy} \Bigsize \Bigsize \text{\$\$Of Status & Certified Copy} \Bigsize \Bizeta \Bigsize \Bizeta \Bigsize \Bizeta \Bizeta \Bizeta \Bizeta \Bize					

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC.")	e of transacting business in Florida. The alternate name must include "Limited		
, Delaware	_{3.} 45-4697150		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number. if applicable)		
4			
(Date first transacted busine (See sections 605.0904 & 605.	ess in Florida, if prior to registration.) .0905, F.S. to determine penalty liability)		
₅ 2085 NW 2nd Ave., Unit 104			
Miami, FL 33127			
•	ddress of Principal Office)		
_{6.} 2085 NW 2nd Ave., Unit 104			
6. 2000 1111 211d 7 (Vo.; Offic 10 1			
Miami, FL 33127	(Mailing Address)		
Miami, FL 33127	, <u> </u>		
Miami, FL 33127 7. The name, title or capacity and address of the	(Mailing Address) person(s) who has/have authority to manage is/are:		
Miami, FL 33127 7. The name, title or capacity and address of the Frederick Varoli, AMBR	, <u> </u>		
Miami, FL 33127 7. The name, title or capacity and address of the	, <u> </u>		
Miami, FL 33127 7. The name, title or capacity and address of the Frederick Varoli, AMBR 2085 NW 2nd Ave., Unit 104	person(s) who has/have authority to manage is/are:		
Miami, FL 33127 7. The name, title or capacity and address of the Frederick Varoli, AMBR	person(s) who has/have authority to manage is/are:		
Miami, FL 33127 7. The name, title or capacity and address of the Frederick Varoli, AMBR 2085 NW 2nd Ave., Unit 104 Miami, FL 33127	person(s) who has/have authority to manage is/are:		
Miami, FL 33127 7. The name, title or capacity and address of the Frederick Varoli, AMBR 2085 NW 2nd Ave., Unit 104 Miami, FL 33127 8. Attached is an original certificate of existence, having custody of records in the jurisdiction under the control of the c	person(s) who has/have authority to manage is/are:		
Miami, FL 33127 7. The name, title or capacity and address of the Frederick Varoli, AMBR 2085 NW 2nd Ave., Unit 104 Miami, FL 33127 8. Attached is an original certificate of existence, having custody of records in the jurisdiction under acceptable. If the certificate is in a foreign languary	person(s) who has/have authority to manage is/are:		
Miami, FL 33127 7. The name, title or capacity and address of the Frederick Varoli, AMBR 2085 NW 2nd Ave., Unit 104 Miami, FL 33127 8. Attached is an original certificate of existence, having custody of records in the jurisdiction under the control of the c	person(s) who has/have authority to manage is/are:		

Ed Tsuji, Authorized Representative

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

AGENT IN THE	E STATE OF FLORIDA.				
1. The name of the Limited Liability Company is: Art Bastion, LLC If unavailable, the alternate to be used in the state of Florida is:					
	InCorp Service	es, Inc.			
		(Name)	-		
	17888 67th Co	ourt North			
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	-		
	Loxahatchee	FL 33470 City/State/Zip	14 00 SECR		
liability company registered agent statutes relating	y at the place designated is and agree to act in this can to the proper and complete ations of my position as re	nd to accept service of process for the above in this certificate, I hereby accept the appoint apacity. I further agree to comply with the pate performance of my duties, and I am familiagistered agent as provided for in Chapter 60 gnature)	intent as rovisions of all the afzvith and		

\$ 100.00 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 "ART BASTION, 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-FOURTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ART BASTION, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2012.

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

14 OCT 28 AM 9: 47
SECRETARY OF STATE

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141333225

Jeffrey W. Bullock, Secretary of S
AUTHENTY CATION: 1809459

DATE: 10-24-14

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