MIGOLDO 1483

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
, ,				
W16-11198 60	9,611			





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02/11/16--01014--005 **130.00

SECRETARY OF STATE
TALLYHASSEE FLORIDA
FEB 2 3 2018
S. YOUNG



February 15, 2016

GENE MAROLTA 2881 E OAKLAND PARK BLVD STE 413 FORT LAUDERDALE, FL 33306 US

SUBJECT: ART MASTERS LLC Ref. Number: W16000011198

We have received your document for ART MASTERS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 916A00003129

COVER LETTER

10:	Registration Section Division of Corporations
SUBJE	CT: ART MASTERS LLC. Name of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please	eturn all correspondence concerning this matter to the following:
	Eugene Maro HA Namo of Person
	- · · · · · · · · · · · · · · · · · · ·
	ART MASTERS LLC.
	Firm/Company
	2881 E. OATCHAND PHARTE BIVD. Ste. 413
	Tion in the internal in the internal in the internal in the internal internal in the internal internal internal in the internal
	Font LAudendala FC 33306 ===
	Net .
	yene o molimasters, biz
	E-mail address: (to be used for future annual report notification) her information concerning this matter, please call:
For fur	her information concerning this matter, please call:
	Eugene Mane HA at 702 994 7897 Name of Contact Person Area Code Daytime Telephone Number
	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
Enclose	d is a check for the following amount: \$\Boxed{1} \\$125.00 \text{ Filing Fee} \Boxed{1} \\$130.00 \text{ Filing Fee} \& \Boxed{1} \\$155.00 \text{ Filing Fee} \& \Boxed{1} \\$160.00 \text{ Filing Fee, Certificate} \\ \text{Certificate of Status} \& \text{Certified Copy} \\ \end{array} \$\text{of Status & Certified Copy} \\ \$Of Sta
	Pm d 0 / 130.00
롂	130.00

• • •

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

COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. ART MASTERS 11C. (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.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Nevada 3. 8/-1/2480/ (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the faw of which foreign limited liability (FEI number, if applicable) company is organized)
• • •
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
5. 2881 E. Onhland Punk Blad. Ste 413
FORT Landurdale Fl. 33306 (Street Address of Principal Office) 5 Ame ===================================
(Street Address of Principal Office)
5 SAMP
(Mailing Address)
(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Eugene Mano Ha Office Address: DBB E. 04tcl 4nd Panh Bl.d. ste. 413 For et Landerdule, Florida 33306 (City) (Zip code)
2801 E 2041 10 1 21 1 ste 413
Office Address: 000 60
Fort Landerdiles, Florida 33306
(City) (Zip code)
Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.
accept the obligations of my position as registered agent.
(Registered agent's signature)
(Kegistered agent's ngnature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Eugene Mano HA MGRM
0 At 1 3 is smith as 6 with a second of many line and duly authorized by the efficient factors sustandy of many line the
9. Attached is a 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. (If the pertificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)
Signature of an authorized person
This document is executed in accordance with section 605.0203 (2) (b), Florida Statutes. Lam aware that any false information submitted in a document to the Department of State constitutes whird degree felony as provided for in s.817.155, F.S.
/1/1/1/1/1/1/h
Typed or printed name of signee

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, BARBARA K. CEGAVSKE, the Nevada Secretary of State, do hereby certify that ART MASTERS LLC. did on January 15, 2016, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



Certified By: Electronic Filing Certificate Number: C20160115-0435 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 15, 2016.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

SECRETARY OF STATE





BARBARA K. CEGAVSKE Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

Articles of Organization Limited-Liability Company (PURSUANT TO NRS CHAPTER 86)

Filed in the office of	Document Number
Bahar K. (synch	20160018524-59
· · · · · · · · · · · · · · · · · · ·	Filing Date and Time
Barbara K. Cegavske Secretary of State	01/15/2016 9:04 AM
State of Nevada	Entity Number
Duite of 14c4ada	F0019822016-1

Mayoria Secretary of State NRS 86 DLLC Article

USE BLACK INK ONLY - DO	МОТ НІВНІЛІВНТ			ABOVE 8PA	CE IS F	OR OFFICE USE ONLY		
1. Name of Limited- Liability Company: (must contain approved limited-liability company wording; see instructions)	ART MASTERS LLC.			Check box Series Limit Liability Com	led- F	Check box if a Restricted Limited- Liability Company		
2. Registered Agent for Service of Process: (check only one box)	rvice Name Noncommercial Registered Agent OR Office or Position with Entity							
	(name and address below) Name of Noncommercial Registered Agent	OR Name of Title of		r Position with	Enity (
	Street Address	City		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Nevád	Zip Code		
	Mailing Address (if different from street addre	ess) City			-	Zip Code		
3. Dissolution Date: (optional)	Latest date upon which the company is	to dissolve (if existe	nce is not po	erpetual):	rī			
4. Management: (required)	Company shall be managed by:	Manager(s) (check	OR only one box	Membe	er(s)			
5. Name and Address of each Manager or Managing Member:	1) EUGENE MAROTTA Name 3020 NE 32ND AVE, SUITE 1423 Street Address	FOR1	LAUDERI	DALE	FL State	33308 Zip Code		
(attach additional page if more than 3)	2) Name			, [
	Street Address 3) Name	City			State	Zip Code		
	Street Address	City			State	Zip Code		
6. Effective Date and Time: (optional)	Effective Date: Effective Time:							
7. Name, Address and Signature of Organizer: (attach	Tideclare, to the beat of my knowledge under per that pursuant to NRS 239.330, it is a category C the Secretary of State. MARSHA SIHA	felony to knowingly off	information of terany false or IARSHA SIHA	forged instrum	is come ent for fi	ect and acknowledge illing in the Office of		
additional page if more than 1 organizer)	Name 17350 STATE HWY 249 STE 220 Address		izer Signatur STON	•	TX State	77064 Zip Code		
8. Certificate of Acceptance of Appointment of	I hereby accept appointment as Reg X LEGALING CORPORATE SERVICES I	•	the above	named Enti	ty. 1/15/2	2016		
Registered Agent:	Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date							

gene marotta

From:

Nevada Secretary of State [donotreply@nvsilverflume.gov]

Sent: To: Wednesday, February 03, 2016 6:01 PM

To: Subject: gene marotta Confirmation



Dear Gene Marotta,

Congratulations on successfully completing the following filing(s)!

Please DOWNLOAD, SAVE AND/OR PRINT your documents. Additional fees may apply after 30 days:

CLICK HERE TO DOWNLOAD ONLINE RECEIPT

CLICK HERE TO DOWNLOAD FILED DOCUMENTS

Order Confirmation Number: 3HVCH

Payment Date: 02/03/2016

Download

Agency	Job Number	Item	Qty	Unit Price	Subtotal	Instructions
NV Secretary of State's Office	C20160203- 2115	Certificate of Good Standing for 'ART MASTERS LLC.'			\$50.00	Your order will be available to print under Documents for 30 days from date of purchase. You will be responsible for additional fees for printing beyond the 30 days. If you need assistance, contact Customer Service at support@nvsilverflume.gov or 775-684-5708 option 9
		Certificate of Good Standing	1	\$50.00		

Total: \$50

Sincerely,

The Office of Nevada Secretary of State

Thank you for visiting SilverFlume Nevada's Business Portal at www.nvsilverflume.gov. For questions, please see the online frequently-ask-questions or contact customer support at 775.684.5708 or support@nvsilverflume.gov.

STATE of NEVADA STATEMENT of the ORGANIZER A LIMITED LIABILITY COMPANY

The undersigned, the Organizer of ART MASTERS LLC., who signed and filed its Articles of Organization (or similar organizing document) with the Nevada Secretary of State (or other appropriate state office), appoints the following individuals to serve as members of the limited liability company:

Name and address of each initial member:

EUGENE MAROTTA 3020 NE 32ND AVE, SUITE 1423 FORT LAUDERDALE, FL 33308

Dated: January 18th, 2016

Marsha Siha, Organizer

FILED

SECREPT OF SIA