MUCOOCAGA

| (Requestor's Name) | | | |
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| (Address) | | | |
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| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| W14-77490 | | | |

Office Use Only

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11/15/16--01025--021 **125.00

SECRETARY OF STATE

D. BRUCE DEC 0 6 2016 FLORIDA DEPARTMENT OF STATE AND STATE OF STATE O

November 16, 2016

RICK COTA 14283 N FENTON ROAD, STE A FENTON, MI 48430

SUBJECT: ARTTASTIC, LLC Ref. Number: W16000077490

BLORE KAY OF S

We have received your document for ARTTASTIC, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 65 days or your filing will be considered abandoned.

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

Deborah Bruce Regulatory Specialist II

Letter Number: 116A00024560

FILE

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: ARTTASTIC LLC Abo FISHSTNONG DISTRIBUTION Aba SALTSTNONG DIST |
| 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: |
| RICK COTA Name of Person |
| |
| ARTTASTIC LLC Firm/Company |
| 14283 N. FENTUN RO STE. A Address |
| FENTON, MI 48430 City/State and Zip Code |
| tagcota @Sbcglobal ner = = = = |
| For further information concerning this matter, please call: |
| Rick Cott at (8/0) 577-263 The Name of Contact Person Area Code Daytime Telephone Number |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{ filing Fee} \text{ \$\sum_{130.00}\$ Filing Fee & Certificate of Status} \text{ \$\sum_{155.00}\$ Filing Fee & Certified Copy} \text{ \$\sum_{160.00}\$ Filing Fee, Certificate of Status & Certified Copy} |

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

| | INESS IN THE STATE OF FLORIDA: L C In Limited Liability Company; must include "Limited Liability Company," "L.L.C | .," or "LLC.") |
|-----------------------------|--|------------------------|
| | rnate name adopted for the purpose of transacting business in Florida. The alterna | |
| 2. STATE OF MICHE | 3. 47-5429990 (FEI number, if appli | icable |
| company is organized) | which loteigh limited hability (1 Et humber, 11 appli | <i>(Cable)</i> |
| 4. 11-1-2016 | (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | |
| | | |
| 5. 14283 Ni | FENTON RO. STEA | |
| FERTON, A | (Street Address of Principal Office) | |
| c SAME AC | ABove | |
| 6. 34776 713 | 15004 | |
| | (Mailing Address) | 2016 |
| 7 Nous and short address | | AREA THE |
| | of Florida registered agent: (P.O. Box NOT acceptable) | SSA |
| Name: | Garrett Morelock | Margaret CO. Servicial |
| Office Address: | 6917 VISTA PRUY NONTH UNIT 17 West PALM BEACH, Florida 33411 (City) (Zip coo | |
| | West PALM BEACH, Florida 33411 | <u> </u> |
| Registered agent's accepta | • • | le) |
| Having been named as reg | istered agent and to accept service of process for the above stated limited | |
| | on, I hereby accept the appointment as registered agent and agree to act ns of all statutes relative to the proper and complete performance of my | |
| accept the obligations of m | y position as registered agent. | - |
| - | | _ |
| | (Registered agent's signature) | |
| | ity and address of the person(s) who has/have authority to manage is/are: | |
| OMNETT | MORELUCK PRESIDENT LOGY RUTHESTER HILLS, MI 48309 | |
| 2990 TECHNO | LOGY RUTHESTER HILLS, MI 48309 | |
| | ' | |
| | of existence, no more than 90 days old, duly authenticated by the official has f which it is organized. (If the certificate is in a foreign language, a translate omitted) | |
| - | | |
| | Signature of an authorized person | |
| | in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the Department of State constitutes a third degree felony as provided for in | |

Typed or printed name of signee





This is to Certify That

ARTTASTIC, LLC

was validly organized on August 21, 2015 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission E69842

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 10th day of November, 2016

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau