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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

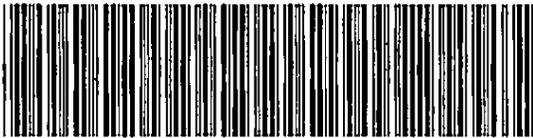
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FILED
18 APR -9 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

○ SIMMONS
APR 11 2018

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:

1. NP Artistry 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. Illinois (Jurisdiction under the law of which foreign limited liability company is organized) 3. 82-4777907 (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 244 Robinson Lane
(Street Address of Principal Office)
Westmont IL 60559

6. 244 Robinson Lane
(Mailing Address)
Westmont IL 60559

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Sherry Flynn

Office Address: 19667 Cobblestone Circle
Venice, Florida 34292
(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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sherry Flynn
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Jean Gottlieb</u> <u>244 Robinson Lane</u> <u>Westmont IL 60559</u>	_____	_____
<u>Manager</u>	<u>Kurt Gottlieb</u> <u>244 Robinson Lane</u> <u>Westmont IL 60559</u>	_____	_____

(Use attachments if necessary)

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 certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Jean Gottlieb
Signature of an authorized person

Jean Gottlieb
Typed or printed name of signer

File Number

0658479-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NP ARTISTRY LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 27, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of APRIL A.D. 2018 .

Jesse White

Authentication #: 1809601504 verifiable until 04/06/2019

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE