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2019 JAN 29 AM 11:55
TALLAHASSEE, FL

G. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Artemis Distribution LL C
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:

Oye Bekoe

Name of Person

Egan Tax & Books Ltd

Firm/Company

505 8th Ave Ste 600

Address

New York, NY 10018

City/State and Zip Code

oye@eganltd.com

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

For further information concerning this matter, please call:

Oye Bekoe 212 244-2720
 _____ at (_____) _____
 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:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2019

OYE BEKOE
EGAN TAX & BOOKS LTD.
505 8TH AVE. STE. 600
NEW YORK, NY 10018

ARTEMIS
SUBJECT: **ARTEMIS** DISTRIBUTION LLC
Ref. Number: W18000110499

ARTEMIS

We have received your document for ~~ARTENIS~~ **ARTEMIS** DISTRIBUTION LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (805) 245-6000.

Brenda L Vorisek
Director

Letter Number: 818A00026485

2019 JAN 2 2:09 PM

**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. Artemis Distribution 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. New York 3. 82-3441989
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 400 Park Ave South Ste 36B 6. 400 Park Ave South Ste 36B
(Street Address of Principal Office) (Mailing Address)
New York, NY 10016 New York, NY 10016

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

Name: Interstate Agent Services LLC
Office Address: 1540 Glenway Dr.
Tallahassee, Florida 32301
(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.

/s/ Alex England
(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>Member</u>	<u>Simon Mansell</u> <u>400 Park Ave South 36B</u> <u>New York, NY 10016</u>	_____	_____
<u>Member</u>	<u>Lauren Mansell</u> <u>400 Park Ave South 36B</u> <u>New York, NY 10016</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.

/s/ Simon Mansell
(Signature of an authorized person)

Simon Mansell
(Typed or printed name of signer)

FILED
2019 JAN 29 AM 11:55
TALLAHASSEE, FL

State of New York
Department of State } ss:

I hereby certify, that ARTEMIS DISTRIBUTION LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/17/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 24th day of October two
thousand and eighteen.*

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*