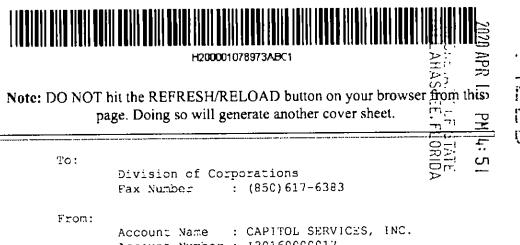
## Florida Jepart ent San Disson et organistic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001078973)))



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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company ARTERIA LLC

Certificate of Status	0
Certified Copy	1
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APR 13 MM 9:52

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

	TON 601.0902, FLORIDA STATUTES, THE FO SINESS IN THE STATE OF FLORIDA:	LLOMI	KG IS SUBMITTED TO REGISTER A FOREK	IN LIMITED	TABILLY TABILLY
ı. Arteria LLC				7	<u> </u>
(Name of Foreign I	Imited Liability Company; must include "Limited	Liebility	Company, "L.L.C.," or "LLC.")	AHAS!	IPR 13
(If name sincrealishie, oner alternate m	use adopted for the purpose of transacting Susinces in Flo	rus. The	sheraste name must include "Limited Listnlity Company	ATTLECT OF IL	10.7 P
2. Delaware		3.	Applied For	FO	
	ich freeign limited (sublish company a organized)		(FRI number, if applicable	ORID	4:51
4. March 15, 2020				V	
4	(Date first transactor business in Florids, if prior to to (See sections 605.0904 & 605.0905, F.S. to determin	e penalty	llebility)		
5. 1161 Sawgrass C	Corporate Parkway	6.	6401 S. Flagler Drive		
Sunrise, FL 3332	3		West Palm Beach, FL 33405		
Name:	of Florida registered agent: (P.O. Box  Brijeshwar S. Maini	132	<u>-</u>		
Office Address:	6401 S. Flagler Drive				
	West Palm Beach		, Florida 33405		
	(O <sub>Q</sub> )		(Zip code)		
designated in this applica- to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment ai ons of all statutes relative to the proper s of my position as registered agent.  (Restrockstore)	L-terrior	ered agent and agree to act in this cape	scoy. I furs	h <i>er</i> agrea

8.	For initial indexing purposes, list names,	title or capacity and addresses of the primary members/managers or persons authorized to	ò
ma	nage [up to six (6) total]:		

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
■ Manager	Name: Ravi P. Singh	■ Manager	Name: Damian Tomlin	
□Member	Address: 7505 Plasarro Drive, #108	□Member	1161 Sawgrass Corporate Address: Parkway	
☐ Authorized	Orlando, FL 32819	□Authorized	Sunrise, FL 33323	
Person		Person	2020 TALL	
□Other	Other	□Other	DOther P. A. T.	
□Manager	Name:	□ Manager	Name: Sr. W	\ \ 
□Member	Address:	☐ Member	Address: 5	نسب
□Authorized		□Authorized	Om —	
Person		Person		
□Other	Other	□ Other	□Other	
□ Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filling your Florids Department of State Annual Report form.

- 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 falony as provided for in s.817.155, F.S.

Signature of an authorized person

Ravi P. Singh, Manager

Typed or printed memo of signee

## <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ARTERIA 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

THE TENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARTERIA LICE WASO
FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2020.

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

7860004 8300
SR# 20202744233
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202750206

Date: 04-10-20