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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : CAPITOL SERVICES, INC.
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**Foreign Limited Liability Company
ARTERIA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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**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. Arteria LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, exact 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. Applied For

(FBI number, if applicable)

4. March 15, 2020(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability))5. 1181 Sawgrass Corporate Parkway

(Street Address of Principal Office)

6. 6401 S. Flagler Drive

(Mailing Address)

Sunrise, FL 33323West Palm Beach, FL 334057. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Brijeshwar S. MainiOffice Address: 6401 S. Flagler DriveWest Palm Beach, Florida 33405
(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.

(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Ravi P. Singh</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Damian Tomlin</u>
<input type="checkbox"/> Member	Address: <u>7505 Pissarro Drive, #108</u>	<input type="checkbox"/> Member	Address: <u>1161 Sawgrass Corporate Parkway</u>
<input type="checkbox"/> Authorized	<u>Orlando, FL 32819</u>	<input type="checkbox"/> Authorized	<u>Sunrise, FL 33323</u>
Person	_____	Person	_____
<input type="checkbox"/> Other	_____ <input type="checkbox"/> Other	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____ <input type="checkbox"/> Other	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____ <input type="checkbox"/> Other	<input type="checkbox"/> Other	_____ <input type="checkbox"/> 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 filing your Florida 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 felony as provided for in s.817.155, F.S.



Signature of an authorized person

Ravi P. Singh, Manager

Typed or printed name of signer

Delaware

The First State

Page 1

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 TENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARTERIA LLC" WAS 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.

2020 APR 13 PM 4:51
SECRETARY OF STATE
JILL HASSE, FLORIDA

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SR# 20202744233

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202750206

Date: 04-10-20