

7/6/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic 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.

(((H21000260529 3)))



H210002605293ABC

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To:

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

Second submission! Your office lost the first fax sent on 7/6/2021. Please provide that filing date.

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

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

Email Address: Lisa@doughertycpa.com

## Foreign Limited Liability Company

Art Akiane LLC

Second Submission!

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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2021 JUL 15 PM 4:21  
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Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit # 1121000260529 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. Art Akiane LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, state alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Idaho 3. 47-0943734  
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)4. Upon Qualification  
(Have first transacted business in Florida; if prior to registration, give sections 605.0904 & 605.0905, F.S. to determine priority liability)5. 1095 Military Trl #8400 6. 1095 Military Trl #8400  
(Mailing Address of Principal Office) (Mailing Address)

Jupiter, Florida 33458 Jupiter, Florida 33458

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

Name: Mark S Kramarik

Office Address: 1095 Military Trl #8400

Jupiter, Florida 33458  
(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.

Mark S Kramarik  
(Registered agent's signature) Mark S KramarikFILED  
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msk

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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>Mark S Kramerik</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>1095 Military Trl, #3400</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Jupiter, Florida 33458</u>	Person	_____
Other _____	<input type="checkbox"/> Other _____	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 indexed 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.

Mark S Kramerik  
Signature of an authorized person

Mark S Kramerik

Typed or printed name of signer

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**STATE OF IDAHO**

Lawrence Denney | Secretary of State  
**Business Office**  
450 North 4th Street  
PO Box 83720  
Boise, ID 83720

July 6, 2021

**Request Type: Certificate of Existence/Filing**

Request #: 0004334270

Receipt #: 000513871

Issuance Date: 07/06/2021

Copies Requested: 0

**Regarding:** ART AKIANE LLC  
**Filing Type:** Limited Liability Company (D)  
**Formation/Qualification Date:** 08/12/2004  
**Status:** Active-Existing  
**Duration Term:** Perpetual

File #: 110468

Formation Locale: IDAHO

Inactive Date:

**Certificate of Existence**

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

**ART AKIANE LLC**

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature in black ink, appearing to read "Lawrence Denney".

Lawrence Denney

Idaho Secretary of State

Processed By: Business Division

Verification #: 013324526