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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Division of Corporations

Fax Number : (850)617-6383

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From:

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

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Lisa@doughertycpa.com Email Address:

Foreign Limited Liability Company Art Akiane LLC Second Submission! Certificate of Status Certified Copy 04 Page Count Estimated Charge \$125.00

Electronic Fling Menu Corporate Filing Menu

Help

Fax Audit # I121000260529 3

Page: 5 of 6

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION BOXBOO, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIMITED LIMITED. COMPANYTOTRUSICTBUNDESS IN THE STATE OF FLORIDA Art Akiano LLC (Name of Percips Limited Libbility Company, man include "Limited Libbility Company," LLC., or "L.C.") (If came assertible, early abstracts came adopted for the purpose of transacting bettern in Florida. The observer came and morning "Laming Company," "LLC," or "LLC," (711 sterior, if appeale) (Armacetes eader the 1840 of which fractal house) in hairly company a communical Upon Qualification 1095 Military Tri #8400 1095 Military Trl #\$400 5. (Const Azarra of Francisco Octor) (Haran Address) Jupiter, Florida 33458 Jupiter, Florida 33458 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mark S Kramerik Name: 1095 Military Trl #8400 Office Address: Jupiter (Ca) 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 occept the obligations of my position as registered agent. dark S Kramarik كالمدابروم

Fax Audit # H21000260529 3

Page: 6 of 6

8. For initial indexing purposes, list a	mes, title or capacity and	addresses of the primar	A mempere managers or be	ileolita atminostraca to
mensus [up to six (5) tobil]:				

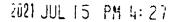
Title or Congcity:	Name and Address:	Title or Capacity:	Name and Address:	
(N) Manager	Name: Mark S Kramarik	□ Manager	Name:	
□ Member	Address:	□Member	Address:	
O Anthonized	1095 Military Tri, #8400	□ Authorized		
Person	Jupiter, Florida 33458	Person		520
Other	[]Other	Other	Dorbez	是一个
(I) launper	Same:	ШМарарет	Name:	
(1) Member	Address:	□Member	Address:	PA 11 27
□ Authorized		☐ Authorized		10 E
Person		Регьоп		2
□Otber		DOtter	GOther	<u>E</u>
□Мазак _е ет	Name;	□Mamper	Name:	
☐Member	Address:	Member	Address:	
□A⊯borized		□Authorized		
Person		Person	 	
UOther	C)Other	[]Other		
Important Notice:	Use an attachment to report more than six (6). Is may be added to the index when filing your	The attachment will be it Florida Department of St	ranged for reporting purposes only. Non- ate Annual Report form.	

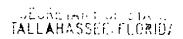
9. Attached it a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under onto of the translator must be ambusited)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statuter, 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for in a.817.155, F.S.

Mark S Kramerik

FILEL





STATE OF IDAHO

16082993912

Lawerence 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

Page: 4 of 6

Request #:

0004334270

Receipt #: 000513871

Regarding:

ART AKIANE LLC

Filing Type:

Limited Liability Company (D)

Formation/Qualification Date: 08/12/2004

Status:

Active-Existing

Duration Term:

Perpetual

Issuance Date: 07/06/2021

Copies Requested:

0

File #: 110468

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Lawerence 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.

Lawerence Denney

Idaho Secretary of State

Processed By: Business Division

Verification #: 013324526