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# M2200003250

**Florida Department of State**
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     Fax Number      : (850)617-6383

From:
     Account Name    : USACORP INC.
     Account Number  : I20130000019
     Phone           : (718)362-4789
     Fax Number      : (718)408-2550
```

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

Email Address: 4991158@gmail.com

## Foreign Limited Liability Company
### ARTE36 LLC

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# Delaware

Page 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ARTE36 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 SECOND DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARTE36 LLC" WAS
FORMED ON THE TWENTIETH DAY OF JANUARY, A.D. 2022.

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

Jeffrey W. Bullock, Secretary of State

6555978 8300

SR# 20220853138

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

Authentication: 202804847

Date: 03-02-22

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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. ARTE36 LLC
   (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ARTE701 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. DELAWARE
   (Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
   (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. 8955 Collins Ave. Unit 701 N
   (Street Address of Principal Office)

   Surfside, FL 33154

6. 8955 Collins Ave. Unit 701 N
   (Mailing Address)

   Surfside, FL 33154

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

   Name:        David Gefner

   Office Address:   8955 Collins Ave. Unit 701 N

   Surfside                    , Florida    33154
   (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/David Gefner
(Registered agent's signature)

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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]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|---|---|---|---|
| ■ Manager | Name: David Gefner | ☐ Manager | Name: _____ |
| ☐ Member | Address: 8955 Collins Ave. Unit 701 N | ☐ Member | Address: _____ |
| ☐ Authorized | Surfside, FL 33154 | ☐ Authorized | _____ |
| Person | _____ | Person | _____ |
| ☐ Other_____ | ☐ Other_____ | ☐ Other_____ | ☐ Other_____ |

| | | | |
|---|---|---|---|
| ☐ Manager | Name: _____ | ☐ Manager | Name: _____ |
| ☐ Member | Address: _____ | ☐ Member | Address: _____ |
| ☐ Authorized | _____ | ☐ Authorized | _____ |
| Person | _____ | Person | _____ |
| ☐ Other_____ | ☐ Other_____ | ☐ Other_____ | ☐ Other_____ |

| | | | |
|---|---|---|---|
| ☐ Manager | Name: _____ | ☐ Manager | Name: _____ |
| ☐ Member | Address: _____ | ☐ Member | Address: _____ |
| ☐ Authorized | _____ | ☐ Authorized | _____ |
| Person | _____ | Person | _____ |
| ☐ Other_____ | ☐ 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 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.

/s/ David Gefner
_____
Signature of an authorized person

David Gefner
_____
Typed or printed name of signee