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(City/State/Zip/Phone #)

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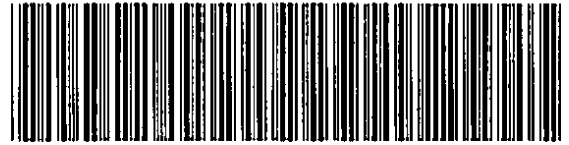
(Business Entity Name)

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2022 JUL 29 AM 11:07
U.S. DEPARTMENT OF THE TREASURY
INTERNAL SECURITY

AUG -1 2022
M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Artisan - New York, L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Doug Wolterink

Name of Person

Artisan - New York, L.L.C.

Firm/Company

216 South Jefferson Street, Suite 202

Address

Chicago, IL 60661

City/State and Zip Code

doug@artisanalent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doug Wolterink

312

724-9271

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

2022 JUL 29 AM 11:07

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. Artisan - New York, L.L.C.

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

N/A

(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. State of New York

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

3. 13-3897961

(FEI number, if applicable)

4. 4/1/2022

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 216 South Jefferson Street

(Street Address of Principal Office)

Suite 202

Chicago, IL 60661

6. 216 South Jefferson Street

(Mailing Address)

Suite 202

Chicago, IL 60661

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

Name: Haris Silic

Office Address: 3636 Cuernavaca Ct

Largo

(City)

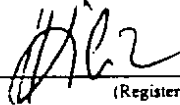
, Florida

33771

(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)

2022 JUL 29 AM 11:07

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 type="checkbox"/> Manager	Name: <u>Bejan Douraghy</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Doug Wolterink</u>
<input checked="" type="checkbox"/> Member	Address: <u>216 South Jefferson Street</u>	<input type="checkbox"/> Member	Address: <u>216 South Jefferson Street</u>
<input type="checkbox"/> Authorized	Suite 202	<input type="checkbox"/> Authorized	Suite 202
Person	<u>Chicago, IL 60661</u>	Person	<u>Chicago, IL 60661</u>
<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

Doug Wolterink

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ARTISAN - NEW YORK, L.L.C.
DOS ID Number: 2045052
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 07/03/1996
Statement Status: CURRENT
Statement Due Date: 07/31/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 07/03/1996
Entity Name: ARTISAN - NEW YORK, L.L.C.

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 10/01/1996

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 10/01/1996

Document Type: BIENNIAL STATEMENT
Date of Filing: 09/11/1998
Effective Date: 07/01/1998

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/18/2000
Effective Date: 07/01/2000

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/02/2002
Effective Date: 07/01/2002

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/16/2004
Effective Date: 07/01/2004

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/29/2006
Effective Date: 07/01/2006

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/25/2008
Effective Date: 07/01/2008

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/30/2010
Effective Date: 07/01/2010

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/18/2012
Effective Date: 07/01/2012

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/17/2020
Effective Date: 07/01/2018

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/10/2020
Effective Date: 07/01/2020

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on July 20, 2022 at
03:36 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State