

8/11/22, 11:39 AM

Division of Corporations

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Florida Department of State
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**Foreign Limited Liability Company
PentimentoArt LLC**

Certificate of Status	0
Certified Copy	1
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S. FRANKLIN
AUG 12 2022
Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.01, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Pentimento Art LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "FLLC")

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

2. DE

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

3. _____
(If D number, it applies only)

4. _____
(If this form is submitted to Florida as part of registration, show sections 605.01(4) & 605.01(5), F.S., to determine priority liability)

4780 SW 86th Terrace

4780 SW 86th Terrace

5. _____
(Home Address of Principal (Owner))

(Home Address)

Miami, FL 33143

Miami, FL 33143

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

NRAI Services, Inc.

By: Jennifer Tasevoli Asst Secretary
(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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Ian Krawiecki Gazes</u>	☐ Manager	Name: <u>Serge Krawiecki Gazes</u>
☒ Member	Address: <u>4780 SW 86th Terrace</u>	☒ Member	Address: <u>4780 SW 86th Terrace</u>
☐ Authorized	<u>Miami, FL 33143</u>	☐ Authorized	<u>Miami, FL 33143</u>
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.

[Signature]

Signature (Last, first, middle initial)

Ian Krawiecki Gazes

Typed or printed name of signer

Delaware

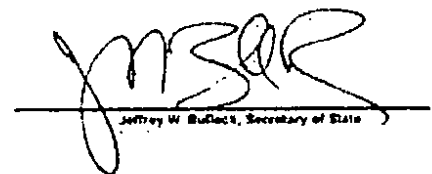
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PENTIMENTOART 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 ELEVENTH DAY OF AUGUST, A.D. 2022.

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

2024-08-11 PM 4:39



Jeffrey W. Bullock, Secretary of State

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SR# 20223234266

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

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Date: 08-11-22