

# P16000026115

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

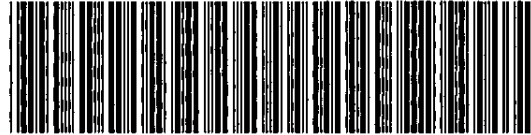
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 MAR 15 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Gulligan MAR 23 2016

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** ARTE MULTIPLE Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** DIEGO CONTERNO

\_\_\_\_\_  
Name (Printed or typed)

150 OCEAN LANE DR. APT. 3C

\_\_\_\_\_  
Address

KEY BISCAYNE, FL, 33149

\_\_\_\_\_  
City, State & Zip

786.351.7752

\_\_\_\_\_  
Daytime Telephone number

dieconterno@gmail.com

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

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Arte Multiple Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
150 Ocean Lane Dr. Apt. 3C  
Key Biscayne, FL, 33149

SECRETARY OF STATE  
MAILING ADDRESS  
STATE OF FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To promote, sell, distribute works of art, fashion goods, and services  
to artists and artistic ventures entrepreneurs.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Diego Conterno, President

Name and Title: \_\_\_\_\_

Address 150 Ocena LANE Dr. Apt. 3C

Address: \_\_\_\_\_

Key Biscayne, FL, 33149

Name and Title: Dennys Montoto, General Manager

Name and Title: \_\_\_\_\_

Address Casa 4, Calle Parque Sebucan

Address: \_\_\_\_\_

Sebucan, Caracas

Venezuela

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Johnny Harrington  
Address: 2279 Newbury Dr  
Wellington, FL, 33414

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Guido Conterno  
Address: 848 Brickell Av. Suite 1000  
Miami, FL, 33131

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature/Registered Agent

3/9/16  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
Required Signature/Incorporator

2/29/2016.  
Date