above, or on an attachment with all other like empowered.

SIGNATURE: KETTY MORA

Electronic Signature of Signing Officer/Director Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000081977

Entity Name: THE ARTERIE, INC.

# **Current Principal Place of Business:**

60 NW 37TH AVE #1100 MIAMI, FL 33125

#### **Current Mailing Address:**

60 NW 37TH AVE #1100 MIAMI, FL 33125 US

#### FEI Number: 47-2037666

### Name and Address of Current Registered Agent:

MORA, KETTY 60 NW 37TH AVE #1100 MIAMI, FL 33125 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title Ρ MORA, KETTY Name 60 NW 37TH AVE, #1100 Address City-State-Zip: MIAMI FL 33125

#### Certificate of Status Desired: No

Date

# FILED Feb 27, 2015 Secretary of State CC1449318245