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No.  
Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SERFATY LAW, P.A.  
Account Number : I20060000161  
Phone : (305) 722-8555  
Fax Number : (305) 722-9555

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14 FEB 20 PM 4:31

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TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
Face Ink Brickell, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

FEB 21 2014  
A. L.

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FAX No. P.002  
2/17/2014 11:22:02 AM PAGE 1/001 Fax Server



February 17, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SERFATY LAW, P.A.

SUBJECT: FACE INK BRICKELL, LLC  
REF: W14000010117

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt  
Regulatory Specialist II

FAX Aud. #: H14000036951  
Letter Number: 714A00003518

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Face Ink Brickell, LLC**

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:

**Charles S. Serfaty, Esq.**

Name of Person

**Serfaty Law, P.A.**

Firm/Company

**4770 Biscayne Boulevard, Suite 1430**

Address

**Miami, Florida 33137**

City/State and Zip Code

**Bsoriano@serfatylaw.com**

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

For further information concerning this matter, please call:

**Belina Soriano**

Name of Contact Person

**305**

Area Code

**722-8555**

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

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

**IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:**

1. Face Ink Brickell, LLC

(Name of Foreign Limited Liability Company; shall include "Limited Liability Company," "LLC," or "LLC.")

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

2. Delaware

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

3. 46-4739762

(FID number, if applicable)

4. February 4, 2014

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

5. 4770 Biscayne Boulevard, Suite 1430

Miami, Florida 33137

(Street Address of Principal Office)

6. 4770 Biscayne Boulevard, Suite 1430

Miami, Florida 33137

(Mailing Address)

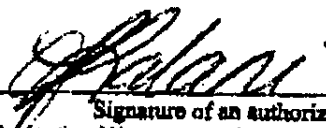
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Face Ink, LLC, AS MANAGING MEMBER

4770 Biscayne Boulevard, Suite 1430

Miami, Florida

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Fatima Lalani, as MGRM of Face Ink, LLC

Typed or printed name of signer

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SECRETARY OF STATE  
ALPHASERIAL

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**Face Ink Brickell, LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**Serfaty Law, P.A.**

(Name)

**4770 Biscayne Boulevard, Suite 1430**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

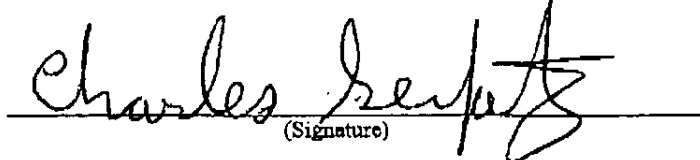
**Miami**

**FL 33137**

City/State/Zip

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TALLAHASSEE, FLORIDA

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# *Delaware*

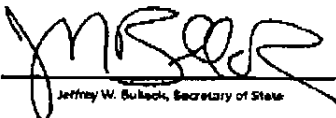
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## *The First State*

PAGE 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FACE INK BRICKELL, 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 SIXTH DAY OF FEBRUARY, A.D. 2014.



  
Jeffrey W. Bullock, Secretary of State

5476547 8300

140139446

AUTHENTICATION: 1114889

DATE: 02-06-14