L06000024739

Florida Department of State
Division of Corporations
Public Access System

(4)

3/7

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000059519 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)631-3694
Fax Number : (305)633-9696

M. HODGES

FLORIDA/FOREIGN LIMITED LIABILITY CO.

my star face llc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	$155.00

FILED
06 MAR -7 AM 9:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

March 7, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: MY STAR FACE LLC
REF: W06000010900

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.

You must complete ARTICLES OF ORGANIZATION to form a new Florida Limited Liability Company, the form submitted is for a Corporation.,

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) 245-6967.

Michelle Hodges
Document Specialist

FAX Aud. #: H06000059519
Letter Number: 206A00015738

RECEIVED
06 MAR -7 PM 12:31
DIVISION OF CORPORATION

P.O BOX 6327 – Tallahassee, Florida 32314

H06000059519

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

My Star Face, LLC.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
300 Ave of the Arts	300 Ave of the Arts
Fort Lauderdale, FL. 33312	Fort Lauderdale, FL. 33312

FILED
06 MAR -7 AM 9:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert A. Pascal
Name

300 Avenue of the Arts
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale, FL 33312
City, State, and Zip

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 608, F.S..

Registered Agent's Signature

(CONTINUED)

H06000059519

H06000059519

ARTICLE IV- *Manager(s) or Managing Member(s):*
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR.	Nicole L. Randelman 1186 Broadway, #512,N.Y., N.Y. 10001

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Nicole L. Randelman
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

H06000059519