

✓ 12000087638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

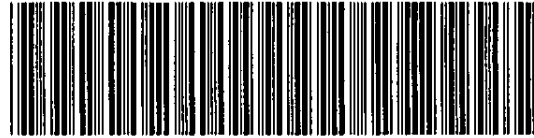
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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T. CLINE

JUL - 5 2012

EXAMINER

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780

June 26, 2012

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

RE: FACES OF WAR, LLC.

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee	\$125.00
Certified Copy	\$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780  
321.480.9789

Sincerely,



Carol Allison

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I**

Name of Limited Liability Company is:

FACES OF WAR, LLC.

**ARTICLE II**

Mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1081 Royal Fern Dr.  
Melbourne, Fl. 32940

**Mailing Address:**

1081 Royal Fern Dr.  
Melbourne, Fl. 32940

**ARTICLE III**

Registered Agent, Registered Office, & Registered Agent's Signature:

*(You must designate an individual or another business with an active Florida registration)*

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

Michael W. Foster  
1081 Royal Fern Dr.  
Melbourne, Fl. 32940

*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.*

Michael W. Foster  
Date: June 28, 2012

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STATE  
TALLAHASSEE  
FLORIDA

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**ARTICLE IV**

Manager or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title

Name and Address

"MGR"=Manager

"MGRM"=Managing Member

MGRM

Michael W. Foster

1081 Royal Fern Dr.

Melbourne, FL 32940

**ARTICLE V (Optional)**

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

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

REQUIRED SIGNATURE:

Michael W. Foster

Michael W. Foster 06/28/2012

*(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.)*

FILED  
2012 JUL -2 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA