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(Requestor's	s Name)	
· (Address)		
(Address)	<u> </u>	
(City/State/Z	ip/Phone #)	
PICK-UP V	VAIT MAIL	
(Business E	ntity Name)	
(Document Number)		
Certified Copies Ce	ertificates of Status	
Special Instructions to Filing Officer:		
·		

Office Use Only



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COVER LETTER

TO:	Registration Similar of C					
SUBJI	ест: <u>FA</u> С	eperfection Name of Limi	ted Liability Company			
The en	closed Articles	of Organization and fee(s) are	sabmitted for filing.			
Please	return all corres	spondence concerning this mat	ter to the following:			
	Na	talie M. Pere	Z		_	
			Name of Person	•		
	Fac	eperfection				
			Firm/Company			
	1051	o Hunting Lod	DE DIVE		_	
	Mia	mi springs,	FL 33100			
<u>.</u>	Fac	eperfection (a	VAHOO COM			
		E-mail address: (to be used	for future annual report notification)	124	6 3	
For fur	ther information	a concerning this matter, please	e call:		ZOND JUI	
No	ATAlie	M. Perez	at (305) 283.21	055	٦.	Owner, States
	Num	erof Rerson	Aren Code & Daytime Telq	phone Number mo	P	
Enclos	sed is a check	for the following amount:		STATE	PH 12: 21	
⊒\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & ロ Certified Copy (radificional) copy in condinacil)	\$160.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclose		
		Mailing Address Registration Section	Street/Courier Address Registration Section			

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

Chifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
FACEPETFECTION LLC. (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1050 Hunting Lodge Dr. Miami Springs, FV 33100	1056 Hunting Lodge Dr. Miamisprings, FL 33166
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business coding with an accioncibility florida registeration.)	
The name and the Florida street address of the re	
Natalie M. Per Name	
1050 HUNTING L Florida street add	
Miami Springs City, Sta	, FL <u>33 1010</u> te, and Zip
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with distance agent as provided for in Chapter 608, E.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

	"= Whateger M" = Managing Member	Name and Address:		
MG		Natalie M. Perez 1050 Hunting Lodge Dr. Miami Springs, FU 331000		
				
ARTICLE V:	tachment if necessary) Effective date, if other than the date drate is listed, the date of filing.)	ate of filing: (OPTIO) as squeriffic and commut the more than fine this	NAL) ness dens.	
REQU	IRED SIGNATURE:			
	Signature of a member of	or an authorized representative of a member.	Thr Blaz	
	constitutes an affirmation under the lamenume than any fillse inflormations at third degree felony as		-5 PH 12:	
	NOTATION Type	1. Perez d or printed name of signee	3:28	

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)