

L14 000069416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

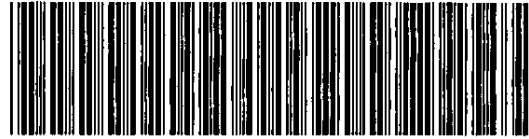
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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APR 29 2014
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR 24 PM 3:19

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2014

DEBRA ANN TIANO
1201 SW 46TH WAY
DEERFIELD BEACH, FL 33442

SUBJECT: FACE VENTURE LLC
Ref. Number: W14000023771

We have received your document for FACE VENTURE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 14, 2014. Please amend your document accordingly.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 114A00008039

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Face Venture LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Ann Tiano
Name of Person

FACE VENTURE LLC
Firm/Company

1201 SW 46th Way
Address

Deerfield Beach, FL 33442
City/State and Zip Code

cdctface@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Ann Tiano at (954) 226-3710
Name of Person Area Code Daytime Telephone Number

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
(additional copy is enclosed) | ☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Face Venture LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:

1201 SW 46th Way
Deerfield Beach, FL 33442

1201 SW 46th Way
Deerfield Beach, FL 33442

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Debra Ann Tiano
Name

1201 SW 46th Way
Florida street address (P.O. Box **NOT** acceptable)

Deerfield Beach FL 33442
City Zip

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SECRETARY OF STATE
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, F.S.

Debra Tiano

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Debra Ann Tiano

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Debra Ann Tiano *Ambr AMBR*
Deerfield Beach
FL 33442

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/1/2019 (OPTIONAL)
(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Debra Tiano

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, 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.)

Debra Ann Tiano

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)

Debra Ann Tiano

2019 APR 26 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA