

L15000048561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

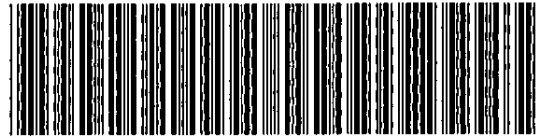
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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03/18/15--01002--015 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION  
15 MAR 18 AM 11:28  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENT OF FILING

FILED  
15 MAR 18 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 19 2015

**CT Corporation System**

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

**FACE AVALON LLC**


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☐ Nonprofit☐ Domestic Corporation☐ Limited Partnership☒ LLC**Formation**☒ Certified Copy**Formation**☒ Walk In☐ Mail Out☒ Amendment☐ Dissolution/Withdrawal☐ Reinstatement☐ Annual Report☐ Name Registration☒ Fictitious Name☒ Photocopies☐ Will Wait☐ Merger☐ Mark☒ Other☒ CUS☐ After 4:30☒ Pick Up

Name

Availability \_\_\_\_\_

Document

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

3/18/2015

KM

Order#

9482260

Ref#:

Amount: \$

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FACE AVAILON 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:

Paulo Miranda

Name of Person

PSM Corporate Services, Inc.

Firm/Company

1001 Brickell Bay Drive Suite 2406

Address

Miami, Florida 33131

City/State and Zip Code

valeria.espinoza@psmcorporate.com

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

For further information concerning this matter, please call:

Valeria L. Espinoza

Name of Person

at ( 305 ) 456-3752

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$100.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FACE AVALON 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:

c/o Paulo Miranda

Same as principal

1001 Brickell Bay Drive, Suite 2406

Miami, FL 33131

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:

NRAI Services Inc.

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL 33324

City

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 605, F.S..*

Michele Holden

Michele Holden,

Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 MAR 18 PM 4:17  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager

**Name and Address:**

Adalberto De Menezes Pedrosa

1001 Brickell Bay Drive, Suite 2406

Miami, FL 33131

Manager

Maria De Fatima Carrera Castro Pedrosa

1001 Brickell Bay Drive, Suite 2406

Miami, FL 33131

Member

Face Holdings Investment Corp.

1001 Brickell Bay Drive, Suite 2406

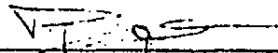
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

  
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.)

Valeria L. Espinoza

Typed or printed name of signer

**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)

FILED  
15 MAR 18 PM 4:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA