

# L150001837SS

**Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
NEVIEN IN YOUR FACE LLC**

Certificate of Status	1
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15 OCT 29 AM 7:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09/09/2033 06:26  
OCT-27-2015 17:26

VIGO & VIGO, LLP

#1374 P.002/003  
300 266 5108 P.004

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**NEVIEN IN YOUR FACE 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:

1155 MARSEILLES DR.  
APT #17  
MIAMI BEACH, FL 33141

Mailing Address:

1155 MARSEILLES DR.  
APT #17  
MIAMI BEACH, FL 33141

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:

**NEVIEN MOHAMED**

Name

**1155 MARSEILLES DR. APT #17**

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

**MIAMI BEACH FL 33141**

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.*

  
Registered Agent's Signature (REQUIRED)

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305 266 5758 P.003

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**ARTICLE IV.**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

NEVIEN MOHAMED

1155 MARSEILLES DR. APT #17

MIAMI BEACH, FL 33141

(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.)

**NEVIEN MOHAMED**

Typed or printed name of signer

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TOTAL P.003