# 115000196743

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,

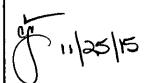
Office Use Only



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### COVER LETTER

Division of Corporations
SUBJECT: Face the Paint Brevard, 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:
Snawna Dechert
Name of Person
Firm/Company
231 Gamewell Rd SW
Address
Polm Ociy, F1. 32908 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shawna Decheration at (954- )801-6126  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee.

# Mailing Address

TO:

Registration Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

## Street Address

(additional copy is enclosed)

Certified Copy

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Talkhassee, FL 32301



Certificate of Status &

Certified Copy (additional copy is enclosed)

#...

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal	l Affice	Address:
1 1 1180 1130	11711112	MUUICAN

Mailing Address:

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:

231 Gamewell ROSW Florida street address (P.O. Box NOT acceptable).

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. Thereby accept the appointment as registered agent and agree to act in this capacity. T 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, E.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager OWNCY - AM Or	Shawna Dechert
	Palm Ball Fl. 32908
owner-Ambr	Cossandra Vaaidhita
Ovarier - Millor	588 Reroard Ave NE
	Paim Boy, EL 32901
	•
<del></del>	
(Use anachment if necessary)	
LEV: Effective date, if other than the date	e of filing: November 9,2015. (OPTIONAL)
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Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of⊀ignee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2