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(Re	equestor's Name)	
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COVER LETTER

1715	vision of Corporations	
SUBJECT:	Novium Products, LLC	
Name of Limited Liability Company		
The enclosed	d Articles of Organization and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
	NANCY LUNA	
_	Name of Person	
	LEGALINC CORPORATE SERVICES INC.	
_	Firm/Company	
:	5850 GRANITE PARKWAY, SUITE 215	
_	Address	
I	PLANO, TX 75024	
R	City/State and Zip Code RA@LEGALINC.COM	
	E-mail address: (to be used for future annual report notification)	
For further inf	formation concerning this matter, please call:	
	NANCY LUNA 818 967-1467	
_	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	a check for the following amount:	
\$125.00 Fili	-	
	Mailing Address New Filing Section Division of Corporations Street Address New Filing Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

of

NOVIUM PRODUCTS, LLC A Florida Limited Liability Company

ARTICLE I

The name of this Limited Liability Company is Novium Products, LLC.

ARTICLE II

The purpose of this Limited Liability Company is to engage in any lawful act or activity for which a limited liability company may be organized under the Florida Revised Limited Liability Company Act ("F.S.") as may be amended from time to time.

ARTICLE III

The mailing address and street address of the principal office in the State of Florida for this Limited Liability Company is:

4258 Alternate 10. Unit #B, Palm Harbor, Florida 34683

ARTICLE IV

The name and street address of the registered agent in the State of Florida for this Limited Liability Company is:

Legaline Corporate Services Inc.

5237 Summerlin Commons Boulevard, Suite 400, Fort Meyers, Florida 33907

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..

Legaline Corporate Services, Inc.

By: Nancy Lyna, Manager on behalf of Legaline Corporate Services Inc.

ARTICLE V

This limited liability company will be managed by all of the Limited Liability Company Members as follows:

Title:

AMBR

Name & Address:

Mask Ventures, Inc.

1301 Dove Street, Suite 1050 Newport Beach, CA 92660

AMBR

Wayne Chin

404 N. Halstead Avenue Pasadena, CA 91107

Dated: August 2, 2017

Steve Jen Ørganizer