

11/29/2018

W18000340063

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000340006 3)))



H180003400063ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : I20150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CREST@taxsaversfl.net

FLORIDA LIMITED LIABILITY CO.
Mina's Marketing LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2018 NOV 29 AM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mina's Marketing LLC

(Must contain 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:

1012 Goodlette-Frank Rd N Ste 200
Naples, FL 34102

1012 Goodlette-Frank Rd N Ste 200
Naples, FL 34102

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:

Garsivaz Karimejad

Name

1012 Goodlette-Frank Rd N Ste 200

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

Naples

FL

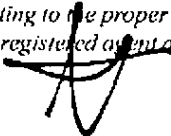
34102

City

State

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)

(CONTINUED)

2018 NOV 29 AM 4: 39
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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:
Garsivaz Karimejad
1012 Goodlette-Frank Rd N Ste 200
Naples, FL 34102

(Use attachment if necessary)

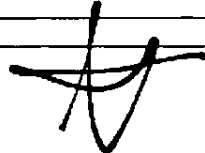
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
Any and all lawful business.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Garsivaz Karimejad
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)

FERNANDEZ, PETR & ASSOCIATES P.A.
5785-B NW 151 STREET
MIAMI LAKES, FL 33014
(305) 819-1942 or (305)819-1952
(305)819-1940 FAX

FACSIMILE TRANSMITTAL SHEET

To: Division of Corporation From: Virginia Petr.
 Company: Florida Dept. of State Date: 11/29/2018
 Fax Number: 1-850-617-6381 Total No. of Page Including Cover: 7
 Phone Number: _____ Sender's Reference Number: _____

Re: Face And Soul INC. Your Reference Number: _____

URGENT FOR REVIEW PLEASE COMMENT AS REQUESTED FYI

NOTES/COMMENTS:

Please,
 See attached Articles of Incorporation
 for Face And Soul, INC.
 Thank you, (H 18000339115.3)
 Virginia Petr.

IF THERE ARE ANY PROBLEMS WITH THIS TRANSMISSION, PLEASE CALL
 (305)819-1942 OR FAX (954)819-1940

THIS FACSIMILE CONTAINS **PRIVILEGED AND CONFIDENTIAL INFORMATION** INTENDED STRICTLY FOR THE USE OF THE
 ADDRESSEES NAMED ABOVE. MISUSE OF THIS INFORMATION IS PUNISHABLE BY BOTH FEDERAL AND STATE
 LAW.