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**L22000072891**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

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

Email Address: mdockins@shurnaker.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22 FEB 21 AM 11:22

**FILED**

**FLORIDA LIMITED LIABILITY CO.  
THREE FACES, LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

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FEB 22 2022



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22 FEB 21 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Three Faces, 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:**1000 Jackson Street  
Toledo, Ohio 436041000 Jackson Street  
Toledo, Ohio 43604**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:

Michael E. Dockins

Name

101 East Kennedy Blvd., Suite 2800Florida street address (P.O. Box **NOT** acceptable)TampaFlorida33602

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.*

/s/ Michael E. Dockins

Registered Agent's Signature (REQUIRED)

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**FILED****ARTICLE IV-**The name and address of each person authorized to manage and control the Limited Liability Company: **22 FEB 21 AM 11:22****Title:**

"AMBR" - Authorized Member

"MGR" - Manager

**Name and Address:****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**AMBRMichael Foley  
1000 Jackson Street  
Toledo, Ohio 43604\_

(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.\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**REQUIRED SIGNATURE:**/s/ Michael E. Dockins**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.Michael E. Dockins

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)**