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(Requestor's Name)

(Address)

(Address)

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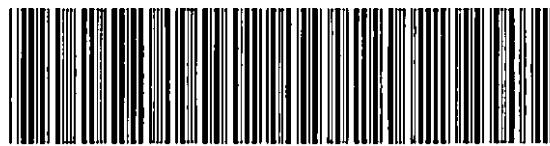
(Business Entity Name)

(Document Number)

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2022 SEP 26 PM 3:17  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

22 SEP 26 PM 3:05  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: | New Filing Section  
Division of Corporations**

**SUBJECT:** Face Place Boutique 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:

Shannon Burson Malave

Name of Person

Face Place Boutique LLC

**Firm/Company**

2515B. E. South Street

---

**Address**

Orlando, FL 32803

**City/State and Zip Code**

shannonburson@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Burson Malave at ( 407 ) 808-5114  
Name of Person Area Code Daytime Telephone Number

**Enclosed is a check for the following amount:**

\$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy  
(additional copy is enclosed)       \$160.00 Filing Fee, Certificate of Status & Certified Copy  
(additional copy is enclosed)

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

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 9/26 DANNY

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**XX FILING** LLC \_\_\_\_\_

**1. FACE PLACE BOUTIQUE LLC**  
(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Face Place Boutique 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:

2515B. E. South Street  
Orlando, FL 32803

Mailing Address:

2515B. E. South Street  
Orlando, FL 32803

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:

Shannon Burson Malave

Name

4934 Lazy Oaks Way

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

St. Cloud

FL.

34771

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.*

Shannon Burson Malave  
Registered Agent's Signature (REQUIRED)

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(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

MGR

Shannon Burson Malave  
4934 Lazy Oaks Way  
St. Cloud, FL 34771

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SECRETARIAL  
SECTION OF  
DIVISION OF CORPORATIONS

(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:**

Shannon Burson Malave

**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.

Shannon Burson Malave

Typed or printed name of signee

**Filing Fees:**

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

**S 30.00 Certified Copy (Optional)**

**S 5.00 Certificate of Status (Optional)**