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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nam	e)
(Docu	ument Number)	<del></del> _
Certified Copies	Certificates	of Status
Special Instructions to Fi	ilina Officer	

Office Use Only

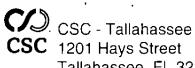


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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 01/03/24 Order #: 1382517-1

Re: AMERICAN FACE INVESTMENTS LLC

Processing Method: Routine

# TO WHOM IT MAY CONCERN:

Enclosed-please-find:-

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$145.00- FL State Account Number:

12000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

	New Filing Sec Division of Co				
SUBJEC	_	face investments LLC			
SOBJEC	··	Name	of Limited Lia	ability Company	<del></del>
The enclo	osed Articles of	Organization and fee	(s) are submi	tted for filing.	
Please ret	urn all correspo	ondence concerning th	nis matter to t	he following:	
	Florencia Fe	ernandez			
			Name	e of Person	
	RC Law				
			Firm	/Company	
	1101 Bricke	ll Ave, Suite N1400			
			A	ddress	
	Miami, FL 3	33131			
	tlorangia fuen	andez@rclawllp.net	City/State	and Zip Code	
		<u> </u>	used for futu	re annual report notificat	ion)
For further		ncerning this matter.		·	
	Florencia		786 at (	643-7491	
	Nam	e of Person	Area Cod		
Enclosed	is a check for th	he following amount:			
<b>■</b> \$125.0	0 Filing Fee	□\$130.00 Filing F Certificate of Statu	is Cei	6155.00 Filing Fee & tified Copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Amarican faca i	nvestments LLC		
	conatin the words "Limited Lia	bility Compan	v. "L.L.C.," or "LLC.")
·			
RTICLE II - Address:	and a difference of Color or active time 1 or CC	a a della timb	of Linkillian Community
e maining address and str	eet address of the principal offic	e of the Limit	d Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
28 <b>7</b> 5 NE 191st	Suite 102, Miami, FL, 33180	25	75 NE 191st Suite 102, Miami, FL.
he Limited Liability Com	Agent, Registered Office, & learny cannot serve as its own Renanctive Florida registration.)	gistered Agen	
The Limited Liability Composited business entity with	pany cannot serve as its own Re an active Florida registration.)	egistered Agen	ent's Signature:
The Limited Liability Comnother business entity with	pany cannot serve as its own Re i an active Florida registration.) reet address of the registered ag <u>Corporation Service Co</u>	egistered Agen	ent's Signature:
The Limited Liability Comnother business entity with	pany cannot serve as its own Renan active Florida registration.)  reet address of the registered ag  Corporation Service Co	egistered Agen	ent's Signature:
The Limited Liability Comnother business entity with	pany cannot serve as its own Re i an active Florida registration.) reet address of the registered ag <u>Corporation Service Co</u>	egistered Agen ent are: mpany lame	ent's Signature: . You must designate an individual c
The Limited Liability Comnother business entity with	pany cannot serve as its own Re i an active Florida registration.)  reet address of the registered ag  Corporation Service Co  N  1201 Hays Street	egistered Agen ent are: mpany lame	ent's Signature: . You must designate an individual c

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..

Corporation Service Company

Willay Janson, MP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

"MGR" = Manager  MGR	Title:	and Arthurshian	Name and Address:
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (OPTIONAL)  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Florencia Fernandez  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.817.135, F.S.  Florencia Fernandez  Typed or printed name of signee  Filing Fees:		ied Member	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filling:			
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	MGR		Arfeen Raoof
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			2875 NE 191st Suite 102, Miami, FL, 33180
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			
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Filing Fees:		Florencia Fernande	27.
			Typed or printed name of signee
			entre en

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)