

# P/5000026158

Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

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SECRETARY OF STATE  
DIVISION OF CORPORATION

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
FACE HOLDINGS INVESTMENT CORP.**

Certificate of Status	0
Certified Copy	1
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*K 03/19/15*

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**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: FACE HOLDINGS INVESTMENT CORP.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM: PAULO MIRANDA**

Name (Printed or typed)

**1001 BRICKELL BAY DRIVE, SUITE 2406**

Address

**MIAMI, FL 33131**

City, State & Zip

**(305)456-3752**

Daytime Telephone number

**valeria.espinoza@psmcorporate.com**

Email address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **FACE HOLDINGS INVESTMENT CORP.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**1001 BRICKELL BAY DRIVE****SUITE 2406****MIAMI, FL 33131****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **INVESTMENT**

**ARTICLE IV SHARES**

The number of shares of stock is: **1,000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **ADALBERTO DE MENEZES PEDROSO / DIRECTOR**

Address: **1001 BRICKELL BAY DRIVE**  
**SUITE 2406**  
**MIAMI, FL 33131**

Name and Title: **MARIA DE FATIMA CARRERA CASTRO PEDROSO / DIRECTOR**

Address: **1001 BRICKELL BAY DRIVE**  
**SUITE 2406**  
**MIAMI, FL 33131**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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DIVISION OF CORPORATIONS

(cont.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NRAI SERVICES, INC.  
Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VALERIA ESPINOZA  
Address: 1001 BRICKELL BAY DRIVE, SUITE 2406  
MIAMI, FL 33131

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Michele Holden Michele Holden,  
Assistant Secretary  
Required Signature/Registered Agent

03/17/15  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

[Signature]  
Required Signature/Incorporator

3/17/15  
Date

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03/18/2015

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