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SECRETARY OF STATE

B. BOSTICK

JUL - 9 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Melissa A. Lawres, 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:
Melissa A. Lawres Name of Person
Name of Person
Firm/Company
2113 NESLOTH COURT
Address
Ft. Lauderdale FL 33308 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa A. Lawres au ast, 604 3488
Name of Person Area Code Daytime Telephone Number
□\$125.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certificate of
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
MCISSUA. LOWICS, LLC (Must end with 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: All3 NE Suth Court Ft. Lauderdale, FL 33308 Mailing Address: All3 NE Suth Court Ft. Lauderdale, FL 33308
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: Melissa A. Lawes Mane Mane
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

(CONTINUED)

Page 1 of 2

The name and address of each person auth	
<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	_
"MGR" = Manager AMBR	Melissa A Laures 2113 NE Storn Court A. Lauderdale, Pl 33308
• .	
(Use attachment if necessary) CLE V: Effective date, if other than the date of the effective date is listed, the date must be specification.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days afte
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