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T. Burch AUG 1.9 2014

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: Got La	shes By Mel, LLC Name of Lir	nited Liability Company	·
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
<u>Brian C.</u>	Dowling, Esq.	Name of Person	
<u>The Wor</u>	kers' Compensation Trial (Group, P.A. Firm/Company	
<u>37 N. Or</u>	range Ave., Suite 1100F	Address	
<u>Orlando.</u>	FL 32801	City/State and Zip Code	
bdowling@wctr	rialgroup.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information	on concerning this matter, ple	ase call:	
Brian C. Dowling, E Nat	at (at (at)	407) 286-7078 Area Code Daytime Tel	lephone Number
Enclosed is a check for	or 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)
Ma	iling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Got Lashes By Mel, LLC	ited Liability Company, "L.L.C.," or "LL	<u> </u>
(Must end with the words "Lim	itted Liability Company, "L.L.C., or Li	.C.)
ARTICLE 11 - Address: The mailing address and street address of the princip	al office of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
11729 Lake Butler Blvd.	11729 Lake Butler Blvd.	
Windermere, Florida 34786	Windermere, Florida 34786	
ARTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its canother business entity with an active Florida registre. The name and the Florida street address of the register. Brian C. Dowling, Esq.	own Registered Agent. You must designa ration.)	TE AUG 15 SEGRETARY AGE/AHASSE
		2 3 m
37 N. Orange Ave., Suite Florida street address (P.O.		
· ·		5
<u>Orlando</u> City	<u>FL 32801</u> Zip	•
Having been named as registered agent and to accept the place designated in this certificate. I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	ccept the appointment as registered agent ons of all statutes relating to the proper at	and agree to act in this nd complete performance

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Melonee Dowling
	11729 Lake Butler Blvd.
	Windermere, Florida 34786
	Pro :=
	Table 1
-	
	
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ctive date is listed, the date must be sp	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
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