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Florida Department of State
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To:
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Email Address: Sales@primalash.co.uk

FLORIDA LIMITED LIABILITY CO.
PrimaLash LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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AUG 30 2019

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COVER LETTER

Friday, August 30, 2019

To: New Filing Section
Division of Corporation

Subject:
PrimaLash 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:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

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Articles of Organization
For
PrimaLash LLC
A Florida Limited Liability Company

ARTICLE I
Name

The name of the Limited Liability Company is: PrimaLash LLC (the Company).

ARTICLE II
Address

The mailing address and street address of the principal office of the Company is:

4604 49th Street N, Suite 1121
St. Petersburg, Florida 33709

ARTICLE III
Registered Agent, Registered office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC
360 Central Avenue Suite #800
St. Petersburg, Florida 33701

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.

Kalpesh Patel (sign)
Registered Agent

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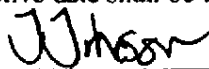
ARTICLE IV
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
MGR	John Johnson 4604 49th Street N, Suite 1121, Florida 33709

ARTICLE V

The Effective date shall be the date of filing.



(sign)

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.

John Johnson

Authorized Representative/Member