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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC Account Number : I20178000097

: (727)279-5037

Fax Number : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Natalicg2007@gmail.com

FLORIDA LIMITED LIABILITY CO.

Lash Addict Studio Seminole, LLC

Certificate of Status	1
Certified Copy	0
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COVER LETTER

Wednesday, December 15, 2021

To: New Filing Section
Division of Corporation

Subject: LASH ADDICT STUDIO SEMINOLE, 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	.)	2	
360 Central Avenue		2021	
8th Floor	<u> </u>	0	F.E.
St. Petersburg, Florida 33701	.i 	33	
Fax: 727-888-1294	 - 	5	
For further information concerning this matter, please call or e-mail:	ć, r	<u> </u>	3 1 2
Ada Reyes 727-279-5037 or e-mail at Support@flpatellaw.com		2	الموداء ليو _{سد} :
Supplied the state of the state	;	 ယ	
Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certifica	te of Status	9	

FL Patel Law PLLC

ARTICLES OF ORGANIZATION

FOR

LASH ADDICT STUDIO SEMINOLE, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is: Lash Addict Studio Seminole, LLC (the "Company").

ARTICLE II.

The principal office and mailing address of the Company is:

11125 Park Boulevard Unit 113 Seminole, Florida 33772

ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

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

Natali Roshau 11125 Park Boulevard Unit 113 Seminole, Florida 33772

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.



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>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Natali Roshau 11125 Park Boulevard Unit 113 Seminole, Florida 33772
MGR	Fernanda Estela Estrada Lugo 11125 Park Boulevard Unit 113 Seminole, Florida 33772

ARTICLE V.

The Effective date shall be the date of filing.

Natali Roshau (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.

Natali Roshau
Authorized Representative/Member