

L200000091749

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

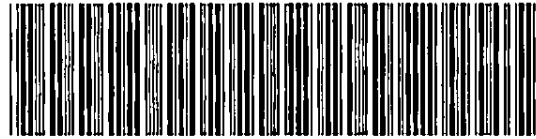
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000342157150

FILING CANCELLED  
DUE TO RETURNED CHECK

03/18/20--01020--021 \*\*155.00

FILING CANCELLED  
DUE TO RETURNED CHECK

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Mink Lab, L.L.C.  
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:

Jeryka Flowers  
Name of Person

The Mink Lab, L.L.C.  
Firm/Company

3418ridgemont Rd  
Address

Orlando, FL 32808  
City/State and Zip Code

jaaymontana23@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeryka Flowers at ( 407 ) 664-9214  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

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

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2020 MAR 18 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**FILING CANCELLED  
DUE TO RETURNED CHECK**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Mink Lab, L.L.C.

(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:**

**Mailing Address:**

3418ridgemont Rd  
Orlando, FL 32808

3418ridgemont Rd  
Orlando, FL 32808

**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:

Jeryka Flowers

Name

3418ridgemont Rd

Florida street address (P.O. Box **NOT** acceptable)

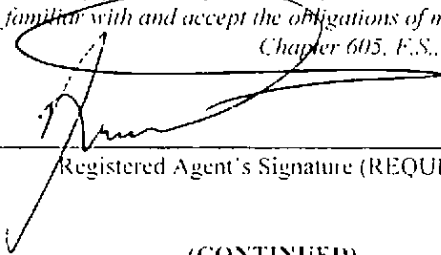
Orlando

City

FL 32808

Zip

*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.,*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**FILED**  
2020 MAR 18 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILING CANCELLED  
DUE TO RETURNED CHECK**

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jeryka Flowers

3418ndgemont Rd

Orlando, FL 32808

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

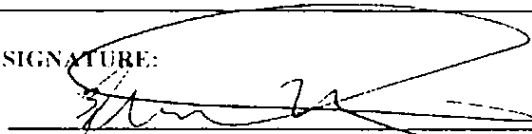
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.  
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.)

Jeryka Flowers

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

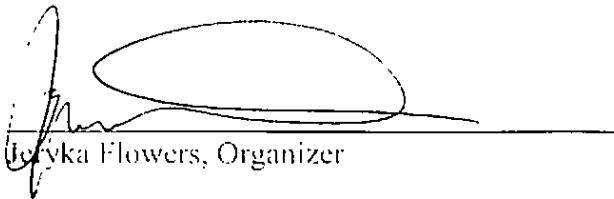
**FILED**  
2020 MAR 18 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Mink Lab, L.L.C.  
3418ridgemont Rd  
Orlando, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of The Mink Lab, L.L.C.:

Jeryka Flowers  
3418ridgemont Rd  
Orlando, FL 32808

  
Jeryka Flowers, Organizer

3/12/2020  
Date

2020 MAR 18 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED