

12/6/22, 3:40 PM

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Division of Corporations  
Florida Department of State  
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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

Email Address: GHEAADEBOYEJO@COMCAST.NET

## FLORIDA LIMITED LIABILITY CO. Minted Aesthetics LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 DEC 6 PM 4:42

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TRANSMISSION VERIFICATION REPORT

TIME : 12/01/2022 12:38PM  
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DATE, TIME	12/01 12:38PM
FAX NO./NAME	18506176381
DURATION	00:01:40
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Florida Department of State  
Division of Corporations  
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H220004051953ABC

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : AVA FINANCIAL CONSULTANTS INC  
Account Number : 120170000094  
Phone : (954)842-1979  
Fax Number : (954)905-4315

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Minted Aesthetics 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:****Mailing Address:**220 SW 84th Avenue, Suite 105  
Plantation, FL 33324220 SW 84th Avenue, Suite 105  
Plantation, FL 33324**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:

Ghea Adeboyejo

Name

220 SW 84th Avenue, Suite 105Florida street address (P.O. Box **NOT** acceptable)Plantation

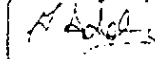
City

FL 33324

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..*

DocuSigned by:



Registered Agent's Signature (REQUIRED)

Ghea Adeboyejo

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

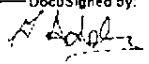
"MGR" = Manager

MGR**Name and Address:**Ghea Adeboyejo220 SW 84th Avenue, Suite 105Plantation, FL 33324

(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:**DocuSigned by:  
  
AA08899C3DFA421...**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.)

Ghea Adeboyejo

Typed or printed name of signer