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Division of Corporations

Florida Department of State
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***** RESUBMIT *****

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Email Address: BROWARDMINKSLLC@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

Broward Minks LLC

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January 23, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: BROWARD MINKS LLC
REF: W23000007689

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the name of first AMBR.

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23 JAN 2023 15:17
HUBCO
W23000007689

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

The name of the Limited Liability Company is:

Broward Minks 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:**726 NW 99th Circle
Plantation, FL 33324726 NW 99th Circle
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:

Taylor Marcotte

Name

726 NW 99th CircleFlorida street address (P.O. Box **NOT** acceptable)Plantation FL 33324

City

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:

Taylor Marcotte

Registered Agent's Signature (REQUIRED)

Taylor Marcotte

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**Taylor Marcotte726 NW 99th CirclePlantation, FL 33324AMBRElizabeth Talis726 NW 99th CirclePlantation, 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:

Taylor Marcotte

0C67873C4FFA418

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.)

Taylor Marcotte

Typed or printed name of signee