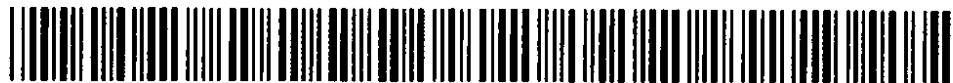


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To:

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

From:

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

***** RESUBMIT *****

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

Email Address: BROWARDMINKSLLC@GMAIL.COM

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FLORIDA LIMITED LIABILITY CO.

Broward Minks LLC

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

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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.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

FAX Aud. #: H23000024322
Letter Number: 323A00001619

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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:

726 NW 99th Circle
Plantation, FL 33324

Mailing Address:

726 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 Circle

Florida 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

0C6787304FFA418

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 Marcotte
726 NW 99th Circle
Plantation, FL 33324

AMBR

Elizabeth Talis
726 NW 99th Circle
Plantation, FL 33324

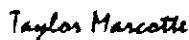
(Use attachment if necessary)

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:

DoruSigned by:

Taylor Marcotte

004787304FFA418

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