

L22000230717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

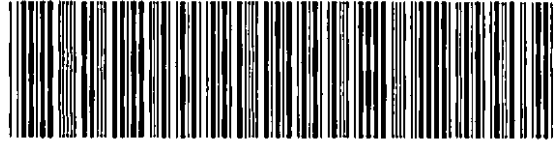
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY 26 PM 3:00

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAY 26 PM 3:09

FILED

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. MINT CENTER 3 LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF GOOD STANDING

CHECK# 9277 FOR: \$390.00 (\$130.00 for this filing)

THANK YOU!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2022 MAY 26 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

MINT CENTER 3 LLC

(Must contain 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:

3113 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address:

3113 PONCE DE LEON BLVD
CORAL GABLES FL 33134

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:

MARIA PAULA CHRISTIANSEN

Name

488 NE 18TH STREET

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

MIAMI

FL

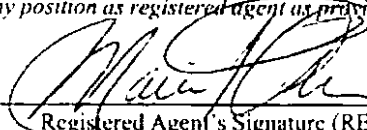
33132

City

State

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MARIA PAULA CHRISTIANSEN
488 NE 18TH STREET
MIAMI, FL 33132

FILED
2022 MAY 26 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 25, 2022 (OPTIONAL)

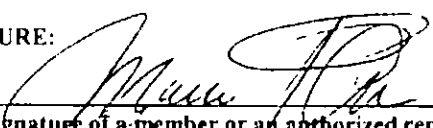
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

WELLNESS CENTER, SPA AND ALL RELATED LEGAL BUSINESSES

REQUIRED SIGNATURE:



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.

MARIA PAULA CHRISTIANSEN

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)