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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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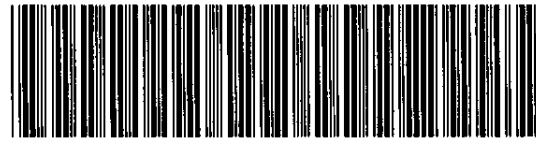
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JAN 20 PM 2:45

FILED
JAN 20 2017
JAN 20 2017

JAN 23 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skinny Water Ventures, LLC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James Higbe

Name of Person

Skinny Water Ventures, LLC

Firm/Company

P.O. Box 3800-52

Address

Jacksonville, FL 32204

City/State and Zip code

james@ijhana.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Higbe

Name of Person

at (904) 716-1249

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Skinny Water Ventures, LLC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. State of Delaware 3. 81-3621148
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 8th, 2016 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. December 22nd, 2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2670 Phyllis Street, Jacksonville, FL 32204
(Principal office address)

P.O. Box 3800-52, Jacksonville, FL 32204
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

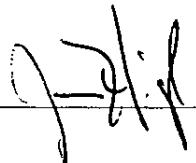
Name: James Higbe

Office Address: 5639 Ortega Farms Blvd

Jacksonville, Florida 32244
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: James Higbe

Address: 5639 Ortega Farms Blvd

Jacksonville, FL 32244

Director: Kevin Calloway

Address: 1908 Woodmere Drive

Jacksonville, FL 32210

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. James Higbe

(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKINNY WATER VENTURES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKINNY WATER VENTURES, LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2016.



6120636 8300

SR# 20170125151

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201856373

Date: 01-11-17

Logout

Department of State: Division of Corporations

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File Number: 6120636 **Incorporation Date / Formation Date:** 8/10/2016 (mm/dd/yyyy)

Entity Name: SKINNY WATER VENTURES, LLC

Entity Kind: Limited Liability Company **Entity Type:** General

Residency: Domestic **State:** State:

Status: Good Standing **Status Date:** 8/10/2016

REGISTERED AGENT INFORMATION

Name: UNITED STATES CORPORATION AGENTS, INC.

Address: 300 DELAWARE AVE STE 210-A

City: WILMINGTON **County:** New Castle

State: DE **Postal Code:** 19801

Phone: 302-777-0538

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