

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: LAZARUS CORPORATE FILENG SERVICE,

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

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

Email Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO. SFFECTIVE DATE SKINNY PACK, LLC.

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Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	,	
The name of the Limited Liability Company is:		
Skinny Pac	CK LLC	
	bility 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:	
12216 SW 132 CT	11767 S Dixie Hwy # 196	
Miami, Fl 33186	Pinecrest_EL33156	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature 29 PL SSEED 29 PL C registered agent arc:	
The name and the Florida street address of the registered agent are:		
Gaston Alonso		
Name RDE 20		
11767 S Dix	ie Hwy # 196	
Florida street address (P.	O. Box NOT acceptable)	
Pinecrest, FI 33156	FL	
City, State, and Zip		

Having been named as registered agent und 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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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