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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

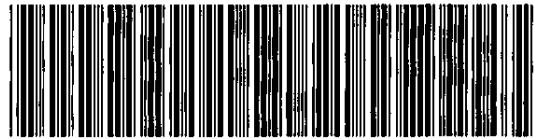
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EFFECTIVE DATE

7/1/10



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10 JUL -6 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 07 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SKINNY ME WELLNESS CENTER  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA A. GORELICK, MD

Name of Person

SKINNY ME WELLNESS CENTER

Firm/Company

7730 S.W. 135<sup>th</sup> AVENUE

Address

Miami, FLORIDA 33183

City/State and Zip Code

WILSON 192 BELL SOUTH. PET

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

For further information concerning this matter, please call:

MARIA A. GORELICK, MD

Name of Person

at ( 305 ) - 796-2090

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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

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TALLAHASSEE, FLORIDA

EFFECTIVE DATE

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

MARIA A. GORELICK, M.D.  
7730 SW 135<sup>th</sup> AVENUE  
MIAMI, FLA 33183

MGRM

MORAIMA TRUJILLO, MD  
1015 N. GREENWAY DRIVE  
CORAL GABLES, FL 33134

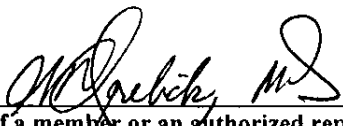
MGRM

PRISCILLA M. CORREGO, MD  
8600 S.W. 21<sup>st</sup> Street  
MIAMI, FLA 33155

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/1/2010 (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.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARIA A. GORELICK, MD  
\_\_\_\_\_  
Typed or printed name of signee

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10 JUL -6 PM 3:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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)