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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SKINNY'S NUTRITION Destin, LLC. 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:
Trey Herron Name of Person
Skinny's Nutrition Studio Firm/Company
7048 0/d Canton Rd. Suite 1003B
Address
Ridgeland, MS, 39157 City/State and Zip Code
City/State and Zip Code
Skinnysnutrition Gaul-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Trey Herron at (601) 201-8008 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status 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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR I	FLORIDA LIMITED LIABILI	TY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company i	s:	W 22
Skinny's Nutrition (Must end with the words "Limited Lia	bility Company, "LLC." or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the		ability Company is:
Principal Office Address:	Mailing Address:	
981 Huy 98 Eust No. D Deskin , FL 325 4/	SAME	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regions entity with an active Florida registration.)		
The name and the Florida street address of the Chantel Silver	ne	
GULF Breez	address (P.O. Box <u>NOT</u> acceptable) E FL 325(03) State, and Zip	ivee
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as region.	n this certificate, I hereby accept the city. I further agree to comply with performance of my duties, and I at	he appointment as h the provisions of all m familiar with and
Registered Agent's Sign		FIL 12 AUG 22 SECRETARY TALLAHASSE
Page 1 c	of2	LED 22 MH II: 22 27 OF STATE SEE, FLORIDA

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

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

'MGRM" = Managing Member MGRM	
ingn,	Clementine Herron 108 Grandview Cr.
	Brandon, MS 39047
MGRM	Chantel Gillian
	1858 Lighthouse Pointe Drive Gulf Breeze, FL 32563
M6RM	John H. Wambough
	3 GATNIETS POS+ Rd. Ft. Walton Beach, FL 32547
	<u> </u>
	
Use attachment if necessary)	
EV: Effective date, if other th	an the date of filing: (OPTION
سرمهمان وطلا المهمئل منامها المراته ويناهوها	oust be specific and cannot be more than five business d
ective date is listed, the date if days after the date of filing.)	

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. 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.)

Clementine Herron
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)