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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: The Derek Skinny LLC Name of Li	mited Liability Company	
The er	aclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	Derek DeGrazio	Name of Person	
		Name of Person	
		Firm/Company	
	1330 West Ave. #2511	Address	
	Miami Beach/FL 33139	City/State and Zip Code	
d	erekdegrazio@gmail.com	ed for future annual report notifica	tion)
For fu	ther information concerning this matter, ple	ease call:	
Derel	x DeGrazio at (Name of Person	609 <u>8707791</u> Area Code Daytime Tel	ephone Number
Enclos	ed is a check for the following amount:		
□ \$125.6	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	Street/Courier Addr Registration Section	ress
	Division of Corporations	Division of Corporati	ions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	I I takilika Camanan ta				
The name of the Limited	Liability Company is:				
The Derek Skinny LLO	Q				
(M	ust end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address					
The mailing address and	street address of the principa	al office of the Limited Liability Company is:			
Principal Office Addre	<u>ss:</u>	Mailing Address:			
1330 West Ave. #2511		1330 West Ave. #2511			
Miami Beach, FL 331	39	Miami Beach, FL 33139			
(The Limited Liability C another business entity			ndividual or		
	_	C			
ا	Derek DeGrazio Na	ame			
	1330 West Ave. #2511				
-	Florida street address (P.O.	Box NOT acceptable)			
	Miami Beach	FL 33139			
	City	Zip			
the place designated capacity. I further agr	in this certificate, I hereby ac see to comply with the provision of familiar with and accept the Cl	nt service of process for the above stated limited accept the appointment as registered agent and agons of all statutes relating to the proper and come obligations of my position as registered agent a chapter 605, F.S	gree to act in this uplete performance		
	Derek D	eGrazio			
	Registered Agent's Si	gnature (REQUIRED)	5		
	(CONTI	•	FEB 23		
	Page 1	l of 2			

e: IBR" = Authorized Member GR" = Manager BR/MGR	Name and Address:	
GR" = Manager		
	Derek DeGrazio	
	1330 West Ave. #2511	
	Miami Beach, FL 33139	
		
attachment if necessary)		
	d cannot be more than five business days pri	ior to or 9
e: Other provisions, if any.	id cannot be more than tive business days pri	ior to or 9
Other provisions, if any.		ior to or 9
ing.) 1: Other provisions, if any. DUIRED SIGNATURE:	é DeGrazio	
OUIRED SIGNATURE: Signature of a member or (In accordance with section 605.0203 (constitutes an affirmation under the per	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this denalties of perjury that the facts stated herein are submitted in a document to the Department of Statutes.	ocument
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