Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (800)345-4647 : (800) 432-3622 Fax Number

**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 LIMITED LIABILITY CO. SKINNY GRABS, LLC

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Corporate Filing Menu

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MAY 1 4 2018

COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJEC	SKINNY GRABS, ILC
SOBJEA	Name of Limited Liability Company
The enci	losed Articles of Organization and fee(s) are submitted for filing.
Pleasa n	stum all correspondence concerning this matter to the following:
	Alberto J. Dolgado
	Name of Person
	Firm/Company
	1441 Brickell Avenue, Suite 1420
	Address
	Miami, Florida 33131
	City/State and Zip Code adolgado@notyg.com
	B-mail address: (to be used for future annual report notification)
For further	or information concerning this matter, please call:
	Alberto J. Delgado 786 547-3884
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
3 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORIGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SKINNY GRABS	LLC					
(Must oo	ntain the words "Limited Lia	bility Company, "L.	LC.," or "LLC.")	_	~ 1	
ARTICLE II - Address:				AL SE	2018 HAY	
The mailing address and street	t address of the principal offic	e of the Limited Lis	bility Co mpany is :	E CR	<u> </u>	7
Prince	inal Office Address:		Mailing Address:	RETARY CHASSE	1	
9680 SW 93 Aven	ne	9600 SV	V 93 Avenus	35		ł
Miami, Florida 331		_				
ARTICLE III - Registered A (The Limited Liability Compar	gent, Registered Office, & I	Registered Agent's gistered Agent. You	Florida 33176 Signature: must designate an individual or	<u></u>	AM 9: 35	
ARTICLE III - Registered A	gent, Registered Office, & l ny cannot serve as its own Re n active Florida registration.)	Registered Agent's gistered Agent. You	Signature;	OF STATE E. FLORIDA	မှ ယ	
ARTICLE III - Registered A (The Limited Liability Comparenother business entity with at	gent, Registered Office, & language, and serve as its own Re hactive Florida registration.)	Registered Agent's gistered Agent. You	Signature;	<u></u>	မှ ယ	
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ARTICLE III - Registered A (The Limited Liability Comparenother business entity with at	gent, Registered Office, & Iny cannot serve as its own Rehactive Florida registration.) of address of the registered as Alberto J. Delgado N 1441 Brickell Avenue, S	Registered Agent's agistered Agent. You cant are: James Buite 1420	Signature; must designate an individual or	<u></u>	မှ ယ	

Having been named as registered agent and 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 605, F.S.

Registered gent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR":= Authorized Member	Name and Address:	ALL
"MGR" = Manager		>
MGR	Julio Grabiel	<u>₹</u> ⊑
· · · · · · · · · · · · · · · · · · ·	5854 SW 28 Street	ASS
	Miami, Florida 33155	
MGR	Alberto J. Delgado	™ ©
	9600 SW 93 Avenue	
	Miami, Florida 33176	
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