

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRIM HEALTHY MAMA, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Christopher English Hugan, Atty.
Name of Person
Hugan Law
Firm/Company
1191 W. Main Street Suite 6
Address
Hendersonville, Tennessee 37075
City/State and Zip Code
chris@huganlaw.com
E-mail address: (to be used for future annual report notification)

REC'D
CORP
JUN 10 2003

For further information concerning this matter, please call:

Christopher E. Hugan at (615) 669-7299
Name of Contact Person Area Code Daytime Telephone Number

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

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

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 \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TRIM HEALTHY MAMA, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. TENNESSEE (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. 3-24-2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9584 HIGHWAY 46
BON AQUA, TENNESSEE 37025
(Street Address of Principal Office)

6. - SAME AS ABOVE -
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Ashley Isbert
Ashley Isbert
Assistant Vice President
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CHRISTOPHER ENGLISH HUGAN, ATTY.
1191 W. MAIN STREET SUITE 6
HERNANDSVILLE, TN 37075

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Christopher E. Hugan, ATTY FOR APPLICANT
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

CHRISTOPHER E. HUGAN, ATTY.
Typed or printed name of signee



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CHRISTOPHER E. HUGAN, ATTY
STE 6
1191 W MAIN ST
HENDERSONVILLE, TN 37075-2831

September 15, 2016

Request Type: Certificate of Existence/Authorization
Request #: 0214220

Issuance Date: 09/15/2016
Copies Requested: 1

Document Receipt

Receipt #: 002889019 **Filing Fee:** \$20.00
Payment-Check/MO - CHRISTOPHER HUGAN, ATTY, NASHVILLE, TN \$20.00

Regarding: Trim Healthy Mama, LLC
Filing Type: Limited Liability Company - Domestic **Control #:** 774805
Formation/Qualification Date: 10/14/2014 **Date Formed:** 10/14/2014
Status: Active **Formation Locale:** TENNESSEE
Duration Term: Perpetual **Inactive Date:**
Business County: HICKMAN COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Trim Healthy Mama, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Nichole Hambrick

Verification #: 019010012