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DIVISION OF CORPORATIONS

OB FEB 28 PM 1: 01

J. BRYAN

FEB 2 9 2008

EXAMINER

COVER LETTER

SUBJECT: Karm	a Yoga LLC	ted Liability Company)	
	(Name of Linii	ed Diability Company)	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Angela Py	les		
		(Name of Person)	
Karma Yo	ga LLC		• •
		(Firm/Company)	
15232 Cri	cket Lane		ָ ט
		(Address)	WISIN
Fort Myer	s, FL 33919	·	REB 2
	. (Ci	ty/State and Zip Code)	8 6
For further information	concerning this matter, pleas	e call:	8 FEB 28 PH 1: 01
Angela Pyles		at (239) 267-6053	9 585
(Name	of Person)	(Area Code & Daytime Telephone N	umber)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	00 Filing Fee, icate of Status & ied Copy onal 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	

5 2 2 .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Karma Yoga LLC		
(Must end with the words "Limited Lie	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	•	
The mailing address and street address of the	principal office of the Limited Liabi	ility Company is:
Principal Office Address:	Mailing Address:	
15232 Cricket Lane	15232 Cricket Lane	
Fort Myers, FL 33919	Fort Myers, FL 33919	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Angela Pyles	gistered Agent. You must designate an individua	
Aligeia i yies	ne	. œ
15232 Cricket Land	9 address (P.O. Box <u>NOT</u> acceptable)	PH 1:01
City, State	e, and Zip	•

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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 Angela Pyles 15232 Cricket Lane Fort Myers, FL 33919 MGRM Karl Pyles 15232 Cricket Lane Fort Myers, FL 33919 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be more than five days after the date of filing.) REOUIRED SIGNATURE: Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of per that the facts stated herein are true.)	Title:		Name and Address:	
MGRM Karl Pyles 15232 Cricket Lane Fort Myers, FL 33919 Karl Pyles 15232 Cricket Lane Fort Myers, FL 33919 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: Iffective date is listed, the date must be specific and cannot be more than five days after the date of filing.) REOUIRED SIGNATURE: Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of per				
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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)