

L02000010031

Requestor's Name
541 East Coast Dr
Address
Atlantic Beach, FL 32223
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
02 APR 23 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

500005359515--8
-04/26/02--01047--001
*****125.00 *****125.00

500005359515--8
-04/26/02--01047--002
*****30.00 *****30.00

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

W02-10098

685/ 01057
125.00

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 10, 2002

MICHAEL GILBOURNE
541 EAST COAST DRIVE
ATLANTIC BEACH, FL 32223

SUBJECT: BIKRAM YOGA COLLEGE OF INDIA JACKSONVILLE, LLC
Ref. Number: W02000010098

We have received your document for BIKRAM YOGA COLLEGE OF INDIA JACKSONVILLE, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

Written approval and clearance of the terms "UNIVERSITY" and "COLLEGE" must be obtained from the Department of Education, pursuant to section 246.121(4), Florida Statutes. The address is :

Department of Education
Board of Independent Colleges
107 W. Gaines St.
Room 209, Collins Bldg.
Tallahassee, FL 32399
(850) 488-8695

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TALLAHASSEE, FLORIDA

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Lakysa Francis
Document Examiner

Letter Number: 702A00021268

**Articles Of Organization
For
Florida Limited Liability Company**

Bikram Yoga [REDACTED] Jacksonville, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is Bikram Yoga [REDACTED] Jacksonville, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1531
~~1569~~ Atlantic Blvd
Neptune Beach, Florida 32266

ARTICLE III - Duration:

The Limited Liability Company shall dissolve no later than December 31, 2070.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Michael Gilbourne
541 East ^{Coast} Drive
Atlantic Beach, Florida 32223

Lisa Franzino
541 East ^{Coast} Drive
Atlantic Beach, Florida 32223

ARTICLE V - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: NONE.



Michael Gilbourne, 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.)

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02 APR 23 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FL 32310

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Bikram Yoga ~~College~~ ~~SI***~~ Jacksonville, LLC
2. The name and the Florida street address of the registered agent is:

Michael Gilbourne
541 East ~~Coast~~ Drive
Atlantic Beach, Florida 32223

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.



Michael Gilbourne, Registered Agent

Filing Fee: \$ 25 for Designation of Registered Agent

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TALLAHASSEE, FLORIDA