Hello,

Our contact information is as follows:

Traci Armstrong 149 SE 2nd St Satellite Beach, FL 32937 321-779-2289

Brenda Fried 5221 Palmetto Dr Melbourne Beach, FL 32951 321-956-7578 (3

MJH

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Please contact us if you need any further information.

Thanks, Brend Fried and Traci Armstrong

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SELIGITARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE I-Name: The name of the Limited Liability Company is: Bikram's Yoga College of India New Smyrna	Beach	LLC
Bikram's 10ga College		
The mailing address and street address of the principal office of the Limited Liability Co [49 SE 2 ND ST, SATELLITE BCH, FL 32937	mpany is:	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur	re:	
The name and the Florida street address of the registered agent are:		
TRACI ARMSTRONG Name	5 5	12 <u>- 1</u> - 1
Florida street address (P.O. Box NOT acceptable)		<u>-</u>
Sotellite &ch, fl 32937 City, State, and Zip	ti um il i ti	. · · · · .
Having been named as registered agent and to accept service of process for the above statistical liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608, Registered Agent's Signature	visions of all with and	•
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managet therefore, a manager - managed company.	-	
(An additional article must be added if an effective date is requested) Signature of a member or an authorized representative of a 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.)	DZ AUG (2 AM 4:51 SECAL DAS FOR STATE ALLAHASSEE FLORIDA	
Typed or printed name of signee		- इस्
<u>Filing Fees:</u> \$100,00 Filing Fee for Articles of Organization		

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)