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Enclosed, is my application for my business Ygawarke = If you have any questions please email at Judyklau act. com or call me at (561) 736-1687, My home address is 7873 Venture Center Way #7201, Boynton = Beach, Florida 33437

Judy Lou

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Yogaworks LLC.
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is: 4966-18 LeChalet Blad. Bounton Bach F1383432
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Judy Lay
7873 Venture Center Way # 7801
Boynton Beach FL 33437 City, State, 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
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
JUDY_LAU
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.)
Typed or printed name of signee
Typed or printed name of signee

<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)