

LO40000 35304

(Requestor's Name)

Lindsey Seddon
8401 Prestwick Place
New Port Richey, FL 34655

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

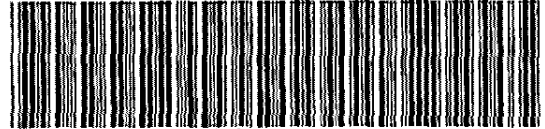
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500035109195

05/04/04--01042--007 **125.00

SECRETARY U.S. JUDICIAL
TALLAHASSEE, FLORIDA

04 MAY -3 AM 8:20

FILED

5/11/04
Cristo

ARTICLES OF ORGANIZATION
for a
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The name of the Limited Liability Company is YOGI, LLC.

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of YOGI, LLC is:

8401 Prestwick Place
New Port Richey, FL 34655

ARTICLE III
DURATION

The period of duration of YOGI, LLC. is perpetual.

ARTICLE IV
MANAGEMENT

YOGI, LLC. is to be managed by the members and the names and addresses of the *managing members* are as follows:

Linda Ann Sessa
8401 Prestwick Place
New Port Richey, FL 34655

Lindsey Carolyn Seddon
8401 Prestwick Place
New Port Richey, FL 34655

ARTICLE V
ADMISSION OF ADDITIONAL MEMBERS

The members do NOT have the right to admit additional members to YOGI, LLC.

ARTICLE VI
MEMBERS RIGHTS TO CONTINUE BUSINESS

In the event of the death of one of the existing members, the remaining member shall have the right to continue the business and to be the sole member of YOGI, LLC. as a the limited liability company.

ARTICLE VII
CERTIFICATE OF DESIGNATION
of
REGISTERED AGENT AND REGISTERED OFFICE

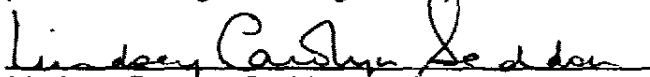
Lindsey Carolyn Seddon

SECONDARY OF STATE
CALLAHANSEE, FLORIDA
04 MAY -3 AM 8:20

FILED


8401 Prestwick Place
New Port Richey, FL 34655

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 in Chapter 608, F.S.


Lindsey Carolyn Seddon, registered agent

REQUIRED SIGNATURE

In accordance with section 608.403(8), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Lindsey Carolyn Seddon, member

FILED
04 MAY -3 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA