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| Special Instructions to | Filing Officer: | | |
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TRANSMITTAL LETTER

| | of Corporations | | |
|---|--|---|--|
| CHD SECTE. | international Yoga F | ederation LLC | |
| SUBJECT: | (Name of Li | mited Liability Company) | |
| The enclosed Arti | cles of Amendment and fee(s) are su | bmitted for filing. | |
| Please return all c | orrespondence concerning this matte | r to the following: | |
| | Shane P. Molinaro | N | |
| | (I | Name of Person) | |
| | International Yoga F | ederation LLC | <u></u> |
| _ | (| Firm/Company) | |
| | P.O.B. 414515 | | |
| | Miami Beach, FL. 33 | (Address) | |
| | | (State and Zip Code) | |
| For further inform | nation concerning this matter, please of | cali: | 6-1620 STATE OF STATE OF STATE |
| Shane P | P. Molinaro | at (786) 35 | 6-1620 |
| | (Name of Person) | | aytime Telephone Number) OSTAT |
| Enclosed is a check | for the following amount: | | 4." |
| Ø \$25,00 Filing Fee | e \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) |
| | STREET ADDRESS: | MAILING A | |
| Registration Section Division of Corporations | | Registration S Division of C | orporations |
| | 409 E. Gaines Street Tallahassee, Florida 32399 | P.O. Box 632 Tallahassee, I | |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE II - Address: The mailing address and street address of the | ne principal office of the Limited Liability Company is: | |
|---|--|---------------|
| Principal Office Address: | Mailing Address: | |
| 40 Island Avenue | P.O.B. 414515 | |
| Miami Beach, FL. 33139 | Miami Beach, FL. 33139 | |
| | SE | 30 |
| 40 Island | ame I Avenue (P.O. Box NOT acceptable) | 06 MAY _1 _ 5 |
| Hiami Beac | 1 Avenue | 06 MAY |

Page 1 of 2 (CONTINUED)

| ARTICLE IV- | Manager(s) | or Managing | Member(s): |
|----------------|----------------|--------------|------------|
| The name and a | ddress of eacl | h Manager or | Managing M |

The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" = Manager | Name and Address: | | |
|--|---|---|-----|
| "MGRM" = Managing Member | | | |
| MGRM | Shane P. Molinaro | | |
| | P.O. Box 414515 | | |
| | Miami Beach, FL 33154 | | |
| _ P | Hunuman Yoga | | |
| | 40 Island Avenue | | |
| | Miami Beach, FL. 33139 | | |
| VP | Wayne Krassner | | |
| | 40 Island Avenue | •••••••••••••••••••••••••••••••••••••• | |
| | Miami Beach, FL. 33139 | | |
| HR | Pili Martinez | | |
| | 40 Island Avenue | | |
| | Miami Beach, FL. 33139 | _ 20 0 | |
| (Use attachment if necessary) | | — EG | |
| | | O6 MAY -4 PM IZ: 05 SEULE LOGICAT STATE TATLAH 1888 FLORIDA | HIE |
| NOTE: An additional article must be a | ndded if an effective date is requested. | PH S | Ü |
| REQUIRED SIGNATURE | | 25. C | |
| | | ¥m 35 | |
| Signature of a member or an aut | thorized representative of a member. | | |
| (In accordance with section 608.40 of this document constitutes an aff that the facts stated herein are true | 08(3), Florida Statutes, the execution firmation under the penalties of perjury) | | |
| Shane P. Molinaro | | | |
| Lyped or print | ted name of signee | | |

Filing Fees:
\$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)