# L08000114761

<b>)</b>
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·





200138216062

12/01/08--01026--010 \*\*130.00

2008 DEC 16 PM 3: 26

C. LEWIS

DEC 1/2 2008

EXAMINER

### **COVER LETTER**

Division of Co			
SUBJECT: Namas	sté, LLC.		
Sebacer.	(Name of Limit	ed Liability Company)	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this matt	ter to the following:	
Samantha	Stevins, Esq.		
<u> </u>		(Name of Person)	
Law Office	es of Samantha St	tevins, P.A.	
		(Firm/Company)	
2656 Airpo	ort Road South		
		(Address)	
Naples, Fl	orida 34112		
	(Cit	y/State and Zip Code)	
For further information of	concerning this matter, please	e call:	
Samantha Stev	vins, Esq.	at ( 239 ) 530-2233	3
(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	ircle



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2008

SAMANTHA STEVINS, ESQ. 2656 AIRPORT RD. SOUTH NAPLES, FL 34112

SUBJECT: NAMASTE, LLC. Ref. Number: W08000053773

We have received your document for NAMASTE, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6047.

Carolyn Lewis Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

Letter Number: 508A00058922

#### **COVER LETTER**

**Registration Section** 

TO:

Division of Corp	porations		
<sub>SUBJECT:</sub> Namast	é of South Beac	h, LLC.	
	(Name of Limi	ted Liability Company)	
	Organization and fee(s) are	_	
Please return all correspon	ndence concerning this man	tter to the following:	
Samantha S	Stevins, Esq.		
_		(Name of Person)	
Law Offices	s of Samantha S	tevins, P.A.	
		(Firm/Company)	
2656 Airpoi	t Road South		
<del></del>		(Address)	
Naples, Flo	rida 34112		
······································	(Ci	ty/State and Zip Code)	······································
For further information co	ncerning this matter, pleas	e call:	
Samantha Stevi	ns, Esq.	at 239 530-223	3
(Name of	Person)	(Area Code & Daytime Te	ephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	

## FILED

2008 DEC 16 PM 3: 26

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FALLAHASSEE. FLURIDA

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Emitted Elability Company is.	
Namaste of South Beach, LLC.	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2656 Airport Road South	
Naples, Florida 34112	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Samantha Stevins, E	sq.
Name	
2656 Airport Road So	Outh ress (P.O. Box NOT acceptable)
Naples, Florida 3411	, ,
City, State, ar	• • •
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited its certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Memb	Name and Address: er
MGR	Get Happy, Inc. 2656 Airport Road South Naples, Florida 34112
(Use attachment if necessary)	
ICLE V: Effective date, if other t effective date is listed, the date	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days pr
ICLE V: Effective date, if other teffective date is listed, the date 90 days after the date of filing.)  REQUIRED SIGNATURE:	must be specific and cannot be more than five business days produced the specific and cannot be more than five business days produced the specific and cannot be more than five business days produced the specific and cannot be more than five business days produced the specific and cannot be more than five business days produced the specific and cannot be more than five business days produced the specific and cannot be more than five business days produced the specific and cannot be more than five business days produced the specific and cannot be more than five business days produced the specific and cannot be more than five business days produced the specific and cannot be more than five business days produced the specific and cannot be more than five business days produced the specific and cannot be more than the specific and cannot be specificated and cannot be specific and cannot b
ICLE V: Effective date, if other teffective date is listed, the date 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a (In accordance of this docume)	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)