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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2009 MAY 13 PM 1: 05
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

MAY 1 4 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpora					
SUBJEC	CT:	Yoga	Wave	s Tam	pa, LLC	
		Name of Limit	ted Liabi	lity Comp	any	
The encl	osed Articles of Orga	nization and fee(s) are	submitte	ed for filin	g.	
Please re	turn all corresponden	ce concerning this mat	ter to the	following	g:	
_		Day	•	ntosuos	so	
			Name o	f Person		
_			Firm/C	ompany		
		3216	W Sa	n Pedro	St	
_			Ado	iress		
_	,			L 3362		
		Cil	ty/State a	nd Zip Cod	e	
	E-n	nail address: (to be used	for future	annual rep	ort notification))
For furth	er information concer	ning this matter, pleas	e call:			
	Dayal Santo		_ at (813)	839-9642
	Name of Person	on		Area Code	e & Daytime Te	elephone Number
Enclosed	l is a check for the f	ollowing amount:		•	:	
] \$125.00	Filing Fee \$1.	30.00 Filing Fee & rtificate of Status	Ce	rtified Co	-	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div P.O	ling Address istration Section ision of Corporations Box 6327 ahassee, FL 32314		Registrat Division Clifton E 2661 Exc	ourier: Addrestion Section of Corporation Building secutive Center See. FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:		
The name of the L	imited Liability Compan	y is:	
	Yoga Waves	Tampa, LLC	
(M	ust end with the words "Limited	Liability Company," "L.L.C.," or "LL	C.")
ARTICLE 11 - A	ddress:		
The mailing addre	ss and street address of the	he principal office of the Lim	ited Liability Company is:
Principal Office	<u>Address:</u>	Mailing Address:	
3216 W San Ped	dro St.	Same	
Tampa, FL 3362	9		
(The Limited Liability C		ered Office, & Registered A Registered Agent. You must designate	an individual or another
The name and the	Florida street address of	the registered agent are:	FILL F
	Dayal S	Santosuosso	当 三
		ame	
	3216 W S	San Pedro St.	PH 1:06 PH 1:06 PEFFLORID
· :	Florida street address	(P.O. Box <u>NOT</u> acceptable)	STA :
	Tampa	FL	공급 등
*, I	. City, Sta	ate, and Zip	3.r

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

ARTICLE IV- M	anager(s) or Managi	ng Member(s):	2009 MAY 13	PM 1: 06
The name and adding Title: "MGR" = Manager "MGRM" = Manager	ress of each Manager o	ng Member(s): or Managing Member is as fo Name and Address:	Ilows: SECRETARY TALLAHASSE	OF STATE E.FLORIDA
MGR	_ ,	Dayal Santosuosso 3216 W San Pedro St Tampa, FL 33629		
	_			
	-			
	te, if other than the date	e of filing: MAY 15, 200		
(If an effective date is listed to or 90 days after the date REQUIRED SIGN	of filing.)	ecific and cannot be more the	an five business	days prior
	•	utsuus 0 an authorized representative of a		
C		608.408(3), Florida Statutes, the exist an affirmation under the penalties are true.)		
<u>Filing Fees:</u>		yal Santosuosso or printed name of signee		
of Registe \$ 30.00 Certified (for Articles of Organizatered Agent Copy (Optional) e of Status (Optional)	tion and Designation		