

Ma corporation Kts e 13056757811 p.1
L09000104066

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000229757 3)))



H090002297573ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CSH SERVICES, LLC
Account Number : I20070C00160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Whole Health Yoga Therapy, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

09 OCT 28 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 28 AM 8:07

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

OCT 29 2009

EXAMINER

H090002297573

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**
In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

WHOLE HEALTH YOGA THERAPY, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

524 WEST THARPE ST. #32
TALLAHASSEE, FLORIDA 32303

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

STACEY ABBOTT
524 WEST THARPE ST. #32
TALLAHASSEE, FLORIDA 32303

Having been named as registered agent 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.

x Stacey Abbott
STACEY ABBOTT / Registered Agent's signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 28 AM 8:07

H090002297573

PAGE 2 WHOLE HEALTH YOGA THERAPY, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
STACEY ABBOTT
524 WEST THARPE ST. #32
TALLAHASSEE, FLORIDA 32303

x Stacey Abbott

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.

STACEY ABBOTT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 28 AM 8:07