

L10000049896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

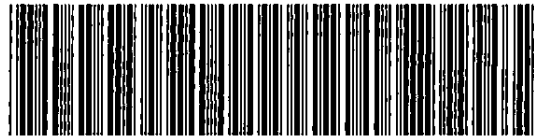
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600176991456

04/22/10--01044--015 **125.00

EFFECTIVE DATE

4/20/10

FILED
10 APR 22 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Orange Lotus Yoga LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ingrid Roberts

Name of Person

Orange Lotus Yoga

Firm/Company

1872 NW 100 Way

Address

Pembroke Pines Fl. 33024

City/State and Zip Code

orangelotus37@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingrid Roberts

Name of Person

at (954)

802.6617

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2010

INGRID ROBERTS
1872 NW 100 WAY
PEMBROKE PINES, FL 33024

SUBJECT: ORANGE LOTUS YOGA LLC
Ref. Number: W10000019912

We have received your document for ORANGE LOTUS YOGA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 310A00010077

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orange Lotus Yoga LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1872 NW 100 Way

Pembroke Pines FL. 33024

Mailing Address:

1872 NW 100 Way

Pembroke Pines FL. 33024

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Ingrid Roberts

Name

1872 NW 100 Way

Florida street address (P.O. Box **NOT** acceptable)

Pembroke Pines

FL 33024

City, State, and Zip

FILED
10 APR 22 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Ingrid Roberts

1872 NW 100 Way

Pembroke Pines FL 33024

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 20th 2010. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Ingrid Roberts

Typed or printed name of signee

FILED
10 APR 22 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)