

W11000058040

(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

G. MCLEOD
MAY 18 2011
EXAMINER



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05/09/11--01022--009 **125.00

FILED
11 MAY 17 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11-26264

Jan Vita
173 Spartina Avenue
St. Augustine, FL 32080

May 16, 2011

Ms. Gina McLeod
Regulatory Specialist II
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: City Yoga, LLC, Ref. Number W11000026264

Dear Ms. McLeod:

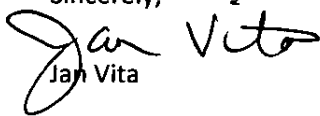
Pursuant to our phone conversation this morning, I am enclosing the letter I recently received from you regarding City Yoga.

I own City Yoga Inc. (N11000001990) as well as City Yoga LLC. I am giving permission for the LLC to use the name City Yoga.

Please feel free to contact me if you have any questions. My cell phone number is 904-671-2860.

Thank you for your assistance.

Sincerely,


Jan Vita

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: City 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:

Jan Vita

Name of Person

City Yoga, LLC

Firm/Company

173 Spartina Avenue

Address

St. Augustine, FL 32080

City/State and Zip Code

"Jan Vita" <jdvita@optonline.net>

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

For further information concerning this matter, please call:

Jan Vita

Name of Person

at (**904**) **671-2860**

Area Code & Daytime Telephone 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

City 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:

Mailing Address:

City Yoga, LLC
173 Spartina Avenue
St. Augustine, FL 32080

City Yoga, LLC
173 Spartina Avenue
St. Augustine, FL 32080

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:

Jan Vita
Name
173 Spartina Avenue
Florida street address (P.O. Box **NOT** acceptable)
ST. AUGUSTINE FL 32080
City, State, and Zip

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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..

X 
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:

MGRM

Jan Vita

173 Spartina Avenue

St. Augustine, FL 32080

MGR

Dominick Vita

173 Spartina Avenue

St. Augustine, FL 32080

MGR

Theresa Vita

1409 Lake Park Dr.


Raleigh, NC 27612

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jan Vita

Typed or printed name of signee

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)