

8/16/13

Division of Corporations

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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(((H13000182571 3)))



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**To:**

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

**From:**

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
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Email Address: chrstylecuyler@yahoo.com

RECEIVED  
13 AUG 16 PM 12:19  
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**FLORIDA LIMITED LIABILITY CO.  
YogaStudio8 LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H13000182571

ARTICLE I - Name

The name of the Limited Liability Company is: **YogaStudio8 LLC**

ARTICLE II - Address

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

Principal Office Address:

9 Porpoise Lane

Palm Coast, FL 32164

Mailing Address:

9 Porpoise Lane

Palm Coast, FL 32164

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

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

Christy LeCuyer

Name

9 Porpoise Lane

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Palm Coast, FL 32164

(City / State / Zip)

*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.*

Christy LeCuyer  
Registered Agent's Signature - Christy LeCuyer

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

H13000182571

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

Christy LeCuyer - 9 Porpoise Lane, Palm Coast, FL 32164

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
Signature of a member or 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. )

Christy LeCuyer

Typed or printed name of signer

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