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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Now & Zen Yoga & Pilates Studio, ししこ

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:

Tanya Weltzien Name of Person Now & Zen Yoga & Pilates Studio, ししこ Firm/Company 224 San Marco Ave. Unit A St. Augustine, FL. 32084 City/State and Zip Code tanyaweltzien@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tanya Weltzien Name of Person Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$130.00 Filing Fee & ■\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy 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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:
Now & Zen Yoga & Pilates Studio, ししこ	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
224 San Marco Ave. unit A	224 San Marco Ave.
St, Augustine, FL. 32084	St. Augustine, FL. 32084
business entity with an active Florida registration.) The name and the Florida street address of Tanya Weltzien	A Con
N	Vame E S
26 Corunna St.	
Florida stree	et address (P.O. Box NOT acceptable)
St. Augustine,	FI 32084 TS 📆 🏋
Cit	ty, State, and Zip
liability company at the place designated registered agent and agree to act in this coall statutes relating to the proper and compand accept the obligations of my position of the proper and compand accept the obligations of my position of the proper and accept the obligations of my position of the proper and accept the obligations of my position of the proper and accept the obligations of my position of the proper and accept the obligations of the proper accept the prop	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of inplete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Tanya Weltzien 26 Corunna St. St. Augustine, FL. 32084 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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 frue. 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.)

Tanya Weltzien

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)