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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

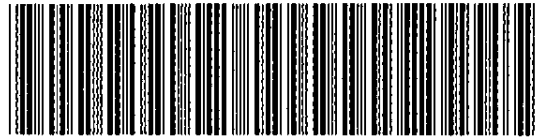
(Business Entity Name)

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2014 JAN -6 AM 9:45

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JAN -6 2014

CLINE

CAPITAL CONNECTION, INC. "

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LIV YOGA INSTITUTE, LLC

Signature

Requested by: BA

01/02/14 pm

Name

Date

Time

Walk-In

Will Pick Up

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

2014 JAN -6 PM 9:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2014

CAPITAL CONNECTION, INC.

SUBJECT: LIV YOGA INSTITUTE, LLC
Ref. Number: W14000000392

We have received your document for LIV YOGA INSTITUTE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 314A00000141

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DIVISION OF CORPORATIONS
JAN 6 2014

2014 JAN -6 PM 12:10

2014 JAN -6 AM 9:45

**ARTICLES OF ORGANIZATION OF
LIV YOGA INSTITUTE, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

2014 JAN -6 AM 9:45
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH

The undersigned, being authorized to execute and file these Articles, hereby certify that:

ARTICLE I Name:

The name of the Limited Liability Company is:

LIV YOGA INSTITUTE, LLC

ARTICLE II Address:

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

**LIV YOGA INSTITUTE, LLC
19575 S. State Road 7
Boca Raton, FL 33498**

ARTICLE III Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV Management:

The Limited Liability Company is to be managed by the members. The name of the initial managing member is:

**Lauren Golen
19575 S. State Road 7
Boca Raton, FL 33498**

ARTICLE V Admission of Additional Members:

The member(s) shall have the right to admit additional members only upon the unanimous consent of all members.

ARTICLE VI Members- Right to Continue Business

The remaining members of the limited liability company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, but neither the estate of any member, nor any member's heir, beneficiary or devisee shall become a member without the unanimous consent of all members.

ARTICLE VII - Regulations

Any Regulations (as defined in Section 605) of the Act, relating to this Limited Liability Company must be in writing and signed by all of the Members.

IN WITNESS WHEREOF, I have signed these Articles of Organization, and acknowledged them to be my act this 31st day of December, 2013. In accordance with Section 605 of the Florida Statutes, the execution of the above constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

By: 
LAUREN GOLEN
Sole Member

2014 JAN -6 AM 9:45
NOTARIAL PUBLIC
STATE OF FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE
LIV YOGA INSTITUTE, LLC

PURSUANT TO THE PROVISIONS OF SECTION 605⁵ FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is: **LIV YOGA INSTITUTE, LLC**

2. The name and address of the registered agent and office is:

Lauren Golen
19575 S. State Road 7
Boca Raton, FL 33498

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.


LAUREN GOLEN

December 31, 2013

2014 JAN -6 AM 9:45

FILED