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SECRETARY OF SIMILAR FALLAHASSEE, FLORIDA

7/20/5 Ch



Peter A. Robertson
Board Certified Construction Law
Board Certified Civil Trial

Erin Rohan Smith William Douglas Stanford, Jr. Randy R. Cardoza, III L. Christopher Tabor

July 24, 2015

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

Enclosed please find executed articles of incorporation for Balance Yoga and Wellness, LLC along with a check to the Department of State in the amount of \$155.00. Please mail a certified copy of the articles of incorporation to Nichole Beaudry, 170 Twine St., St. Augustine, FL 32084. If you have any questions, please feel free to contact my office.

Very truly yours,

Doug Stanford, Jr.

WDS/pjb Enclosure

ARTICLES OF INCORPORATION

In compliance with Chapter 605.0201, Florida Statutes (Limited Liability Company)

	ARTI	ICLE I	NAME						
The name of the L	imited Liability								
Company shall be:	•	Balance Yoga	and Wellness	, LLC		_			
1 7	•					-			
ARTICLE II PRINCIPAL OFFICE									
	t address of the Limi	ted Liability	10440 11 0	1 NI4h					
Company shall be:	1		10440 U.S.			-			
Suites 105 and 100				-					
•			St. Augusti	ne, FL 32095		-			
Thiii	:	miend Linkilier C	'ammanı ahal	II has					
10440 U.S. 1 Nor	ing address of the Lin	miled Liability C	company sna.	ii be:		-m			
		 			<u></u>	ALISE			
Suites 105 and 106 St. Augustine, FL 32095				<u></u>	Z				
St. Augustine, FL	2 32093				=	75			
					15 JUL 27	555			
ARTICLE III REGISTERED AGENT The name and Florida street address of the registered agent is:						ASSEE, FLORIDA			
The name and Florida street address of the registered agent is:									
			•		25	ã			
Name and Title	Registered Agents,	Inc.				, C			
Address									
	Suite 150A								
	Tampa, FL 33607								
A D	TICLE IV DI	FDSONS ATITE	IODIZED T	O MANAGE					
ARTICLE IV PERSONS AUTHORIZED TO MANAGE AND CONTROL THE LIMITED LIABILITY COMPANY									
<u>A</u>	ND CONTROL III	E DIVILLED E	MDIDIL X	JONII II.VI					
Name and Title	Nichole Beaudry	Nan	ne and Title	Brian Miller					
Address	President	Add	lress	Vice-President	***************************************				
	10440 U.S. 1 North			10440 U.S. 1 North					
	St. Augustine, FL 3			St. Augustine, FL 32	095				
			•						
		,	-						

Having been named as registered agent to accept service of process for the aforementioned Limited Liability Company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Psec Have	Bill Havre, Assistant Secretary	7/9/2015
Signature/Registered Agent		Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Secretary of State is a third degree felony as provided for in § 817.155, Florida Statutes.