

L16000122540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 20 AM 8:04

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2016

KOEN BECKERS
4810 HICKORY WOOD DRIVE
NAPLES, FL 34119

SUBJECT: SOMA YOG NAPLES LLC
Ref. Number: W16000041441

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TALLAHASSEE, FLORIDA
16 JUN 20 AM 8:04

We have received your document for SOMA YOG NAPLES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

X The articles of organization must be prepared in compliance with section 605.0201, Florida Statutes. We are enclosing the appropriate forms and instructions 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) 245-6052. / 1

Matthew T Moon
Regulatory Specialist II

Letter Number: 916A00012000

RECEIVED
16 JUN 21 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soma Yog Naples 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:

KOENRAAD W BECKERS

Name of Person

SOMA YOG NAPLES LLC

Firm/Company

4810 Hickory Wood Drive

Address

Naples FL 34119

City/State and Zip Code

KWBeckers@gmail.com

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

For further information concerning this matter, please call:

KOENRAAD W
BECKERS at (239) 404-1929
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status
Already Paid

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Check already sent with prior application
(rejected)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
16 JUN 20 AM 8:04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOMA YOG NAPLES 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:

UNITS ~~204~~ 204 + 205
MERIDIAN PLACE BLDG 300
3369 Pine Ridge Rd. Naples FL 34109

4810 Hickory Wood Dr.
NAPLES FL 34119

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:

KOENRAD W. BECKERS

Name

4810 Hickory Wood Dr.

Florida street address (P.O. Box **NOT** acceptable)

NAPLES FL 34119

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 605, F.S..

KW Beckers

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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16 JUN 20 AM 8:04

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MGR

AMBR

Sudhir Bajaj

11 Blue Bill Ave Unit 1101
NAPLES FL 34108

YOLANDA BECKERS

4810 Hickory Wood Dr.
Naples FL 34119

KOENRAAD W BECKERS

4810 Hickory Wood Dr.
Naples FL 34119

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/20/2016 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

KW Beckers

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

KW BECKERS

YN BECKERS

Typed or printed name of signed

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)

ALREADY
PAID
JUL 20 AM 8:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA