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Special Instructions to	Hiling Officer:	
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SECRETARY OF STATE
TALL/, #14.8555, F1.ORIDA

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## COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	SOL Yoga LLC		
SCHOLC		Limited Liability Company	
The enclo	sed Articles of Organization and fee(s)	are submitted for filing.	
Please ret	urn all correspondence concerning this	matter to the following:	
	Jason Zielinski, Esq.		
		Name of Person	-
	Zielinski & Associates, PA		
		Firm/Company	_
	800 E. Broward Blvd. Suite 702		16
		Address	
	Fort Lauderdale, FL 33301		-7
	jzielinski@zielinski-associates.com	City/State and Zip Code	PH 12:
		sed for future annual report notification)	. 08
For further	information concerning this matter, ple	ease call:	<b>W</b> 5
	Jason Zielinski Esq.	954 524-6131	
	Name of Person	Area Code Daytime Telephone Number	
	is a check for the following amount: Filing Fee \$\int\ S130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address  New Filing Section	Street Address New Filing Section	

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Nomes

SOL Yoga LLC (Must end	d with the words "Limited Lis	ability Company,	"L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street	address of the principal offic	e of the Limited L	Liability Company is:	
-	pal Office Address:		Mailing Address:	
2300 E Las Olas Bl	vd	2300	E Las Olas Blvd	
5th Floor Fort Lauderdale, FI	22201	5th F	loor Lauderdale, FL 33301	
The Limited Liability Compar	y cannot serve as its own Re	gistered Agent. Y	e's Signature: ou must designate an individual or	=
The Limited Liability Compar mother business entity with an	y cannot serve as its own Re active Florida registration.)	gistered Agent. Y		الل 16
The Limited Liability Compar nother business entity with an	y cannot serve as its own Re active Florida registration.)	gistered Agent. Y		16 JUL -
The Limited Liability Compar nother business entity with an	y cannot serve as its own Re active Florida registration.) t address of the registered ag Jason Ziclinski Esq.	gistered Agent. Y		JUL -7
The Limited Liability Compar nother business entity with an	y cannot serve as its own Re active Florida registration.) t address of the registered ag Jason Ziclinski Esq.	gistered Agent. Y ent are:		JUL -7
The Limited Liability Compar another business entity with an	y cannot serve as its own Re active Florida registration.) t address of the registered ag Jason Ziclinski Esq.	gistered Agent. Y ent are:  Jame uite 702	ou must designate an individual or	JUL -7
ARTICLE III - Registered Ag (The Limited Liability Compar another business entity with an The name and the Florida stree	y cannot serve as its own Re active Florida registration.) t address of the registered ag Jason Zielinski Esq.  N  800 E. Broward Blvd. S	gistered Agent. Y ent are:  Jame uite 702	ou must designate an individual or	16 JUL -7 PM12: 08

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

" = Authorized Member = Manager	Namaste Gorgie LLC 2300 E Las Olas Blvd 5th Floor Fort Lauderdale FL 33301	
_	2300 E Las Olas Blvd 5th Floor Fort Lauderdale FL 33301	
	2300 E Las Olas Blvd 5th Floor Fort Lauderdale FL 33301	
	Fort Lauderdale FL 33301	
achment if necessary)		
inserted in this block does not meet the ap ffective date on the Department of State's her provisions, if any.	plicable statutory filing requirements, this decords.	date will not
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RED SIGNATURE:		
Signature no member in	n authorized representative of a member	r.
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Signature of a member of a This document is executed in acco	n authorized representative of a member rdance with section 605.0203 (1) (b), Floric on submitted in a document to the Departm	da Statutes.
This document is executed in accordan aware that any false informatic constitutes a third degree felony as	n authorized representative of a member rdance with section 605.0203 (1) (b), Floric on submitted in a document to the Departm	da Statutes.
Signature of a member of a This document is executed in accordant aware that any false informatic constitutes a third degree felony as	n authorized representative of a member dance with section 605.0203 (1) (b), Floric on submitted in a document to the Department of the De	da Statutes.
Signature of a member of a This document is executed in accordant aware that any false informatic constitutes a third degree felony as	n authorized representative of a member rdance with section 605.0203 (1) (b), Floric on submitted in a document to the Departm	da Statutes.