

6/23/17

FLORIDA DIVISION OF CORPORATIONS
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((H17000161495 8))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4003

FROM: CORP USA

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)634-3694

FAX #: (305)633-9696

NAME: YOGA TO BUSINESS, LLC

AUDIT NUMBER.....H17000161495

DOC TYPE.....LIMITED LIABILITY COMPANY

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....1

DEL.METHOD.. FAX

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: YOGA TO BUSINESS, 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:

Daniel C Elkins, Esq

Name of Person

Elkins & Freedman

Firm/Company

283 Crape Root Blvd., Ste. 111

Address

Altamonte Springs, FL 32701

City/State and Zip Code

Daniel@elkinsfreedman.com

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

For further information concerning this matter, please call:

Daniel Elkins

Name of Person

at (561)

Area Code

305-1830

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

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

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

Already provided

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

See Doc. # W1700005-0697

Jun 22 17:03:31p

Daniel C. Elkins, Esq.

407-674-8892

p.3

850-617-6381

6/19/2017 8:59:27 AM PAGE

1/001 Fax Server



June 19, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: YOGA TO BUSINESS, LLC
REF: W17000050697

We have received your document for YOGA TO BUSINESS, LLC and your check(s) totaling \$. 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.

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.

Carlos E Rico
Regulatory Specialist II

FAX Aud. #: H17000161495
Letter Number: 417A00012323

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YOGA TO BUSINESS, LLC

(Must contain 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:1490 Fairview Cir.
Reunion, FL 34747Mailing Address:1490 Fairview Cir.
Reunion, FL 34747

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:

Thomas A. Bonanne
Name1490 Fairview Cir.
Florida street address (P.O. Box **NOT** acceptable)
Reunion, FL 34747
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.

Thomas Bonanne

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

~~AMBR~~ MGRMGR**Name and Address:**Dana C. Bonanne1490 Fairview Cir.Reunion, FL 34747Thomas A. Bonanne1490 Fairview Cir.Reunion, FL 34747

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/19/2017 (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:**Thomas Bonanne

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.

Thomas A. Bonanne

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN 22 PM 3:50

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