

L17000 145382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800299976188

06/13/17--01013--023 **160.00

FILED
17 JUL -5 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L170000 50402



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2017

KRISTINA BOATMAN
4161 58TH WAY NORTH
ST. PETERSBURG, FL 33709 US

SUBJECT: ODYSSEY YOGA
Ref. Number: W17000050402

We have received your document for ODYSSEY YOGA and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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. 6052 0

JUAN A REYES
Regulatory Specialist II

Letter Number: 617A00012223

RECEIVED

17 JUL -5 AM 11:19

DEPARTMENT OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Odyssey Yoga
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:

Kristina Boatman
Name of Person
n/a
Firm/Company
4161 58th Way North
Address
St. Petersburg, FL 33709
City/State and Zip Code
kboatwoman@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Boatman at (727) 565-7350
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

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

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Odyssey Yoga 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:

4161 58th Way N.
St. Petersburg, FL.
33709

Mailing Address:

4161 58th Way N.
St. Petersburg, FL.
33709

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:

Kristina Boatman
Name
4161 58th Way N.
Florida street address (P.O. Box **NOT** acceptable)
St. Petersburg, FL. 33709
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..

Kristina Boatman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
17 JUL -5 AM 8:34
SECRETARY OF STATE
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

Name and Address:

Kristina Boatman

4161 58th Way N

St. Petersburg, FL 33709

Kristina Boatman Manager

Kristina
Boatman

4161 58th Way N

St. Petersburg, FL
33709

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Kristina Boatman

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.

Kristina Boatman

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)

FILED
17 JUL -5 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA