L18000091580

(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



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COVER LETTER

TO: Registration Section Division of Corpora					
SUBJECT: Libation Yoga,	LLC				
	(Name o	of Resulting Florida Li	imited	Company)	
		_		and fees are submitted to convert an "cordance with s. 605.1045, F.S.	Other
Please return all correspon	dence concerning	g this matter to:			
Cheyenne Moseley			~		
(Co	ntact Person)				
LegalZoom.com, Inc.					
(Fir	m/Company)				
101 N Brand Blvd, 11th FL					
	(Address)				
Glendale, CA 91203					
(City, S	ate and Zip Code)				
libationyoga@gmail.com	-				
E-mail Address: (to be used	for future annual rep	port notifications)			
For further information co	ncerning this mat	tter_blease call:			
Cheyenne Moseley		-	773-C	1888 x9724	
-		_ar ()_		time Telephone Number)	
(Name of Contact Pers	son)	(Area Code)	(Day)	time relephone (sumber)	
Enclosed is a check for the	: following amou	int:			
(\$25 for Conversion and	55.00 Filing Fees Certificate of is	■\$180.00 Filing Fe and Certified Copy	ees	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir	rele	Registrat Division P. O. Bo.	ion S of C x 633	orporations	

INHS11 (01/14)

Tallahassee, FL 32301

Certificate of Conversion For "Other Business Entity"

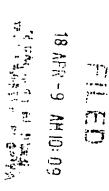
Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

	(Enter Name of Other Business Entity)
2. The "Other Business Entit	y" is a Corporation
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or inc	corporated under the laws of FL
02/20/2018	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation	or incorporation)
3. The name of the Florida I	imited Liability Company as set forth in the attached Articles of Organization:
s. The hame of the Horida L	infined fracting Company as set form in the attached Afficies of Organization;
Libation Yoga, LLC	infined Fracting Company as set form in the attached Articles of Organization:
Libation Yoga, LLC	Name of Florida Limited Liability Company)
Libation Yoga, LLC (Enter	Name of Florida Limited Liability Company)
(Enter 4. If not effective on the date (The effective date: 1) cann date this document is filed b	

Page 1 of 2



Signed this 29 day of March	20. 19
day of	
Signature of Authorized Representative of Limi	ited Liability Company:
Signature of Authorized Representative: Printed Name: Joseph Wood	Title: Member
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
Signature:	
Signature: Printed Name: Joseph Wood	Title: President
Signature:Printed Name:	Title:
Signature:Printed Name:	T'al
ringed (same:	Title:
Signature:	
Printed Name:	Title:
Signatura	
Signature: Printed Name:	Title:
Signature:	00.1
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
f Directors or Officers have not been selected, an In-	corporator must sign.
<u>If Florida General Partnership or Limited Liabili</u>	ty Partnershin:
Signature of one General Partner.	<u> </u>
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Compar	ıv is:		
, comp	.,		
Libation	Yoga, LLC		
(Must end with the words "Limited	Liability Company	. "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street address of t	he principal of	fice of the Limited	I Liability Company is:
Principal Office Address:	Mailing	Address:	
3752 S Flamingo Rd.	3752 S	Flamingo Rd.	
Davie, FL 33330		L 33330	
		·	
ARTICLE 111 - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent.	You must designate an ir	nt's Signature: ndividual or another
	•		
United States Corp		Inc.	
1	Name		
13302 Winding Oak Cou	rt, Suite A		
Florida street address	(P.O. Box <u>NO</u>	$\underline{\mathbf{T}}$ acceptable)	
Татра	FL	33612	
City	<u> </u>	Zip	
Having been named as registered agent a liability company at the place designation registered agent and agree to act in this constatutes relating to the proper and compaccept the obligations of my position of the proper agent the obligations of the proper agent the proper agent the proper agent the proper agent to the proper agent the proper agent to the proper agent the proper agent to	ted in this certif capacity. I furth plete performan us registered ag Cheyenne Mosele of United States C	ficate, I hereby acc ner agree to comply ce of my duties, and gent as provided for ty, assistant societary on beha orporution Agents, Inc.	ept the appointment as with the provisions of all all am familiar with and rin Chapter 605, F.S.
Registered Agent's	Signature (RE	QUIRED)	j.,
	TTINUED) ge I of 2		18 APR - 9

AMBR" = Authorized Member AGR" = Manager MBR 11 0	ame and Address: Deseph Wood 175 59th Street akland CA 94608
se attachment if necessary)	175 59th Street akland CA 94608
se attachment if necessary)	175 59th Street akland CA 94608
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by: Effective date, it other than the date of	f filing: (OPTIONAL
etive date is listed the date must be snow	cific and cannot be more than five business da
ays after the date of filing.)	the and campot be more than five business to
,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
E VI: Other provisions, if any.	
EQUIRED SIGNATURE:	
Signature of a member or an	authorized representative of a member.
ccordance with section 605.0203 (1) (b), F	Florida Statutes, the execution of this document
	f perjury that the facts stated herein are true.
	I in a document to the Department of State
itutes a third degree felony as provided for	r in s.817.155, F.S.)
	Joseph Wood
	orinted name of signec - a c
Typed or p	
Typed or p	An 196 - 35- 2011 - 170
Typed or p	A PR
Typed or p Filing Fees: \$125.00 Filing Fee for Articles of Organ	ر و اود
Typed or p Filing Fees: \$125.00 Filing Fee for Articles of Orga of Registered Agent	nization and Designation
Typed or p Filing Fees: \$125.00 Filing Fee for Articles of Organ	nization and Designation
Typed or p Filing Fees: \$125.00 Filing Fee for Articles of Orga of Registered Agent \$ 30.00 Certified Copy (Optional)	nization and Designation

ARTICLE IV-