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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: Solnyshko Yoga LLC Name of Limited Liability Company |
| 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: |
| Olga Droznes Name of Person |
| |
| Solnyshko Voga Firm/Company |
| Firm/Company |
| 1820 Kings Lake Blid apt # 104 |
| Address |
| naples, Fl 34112 |
| Maples, Fl 34112 City/State and Zip Code Olyadroznes (a) ynhoo. Com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Olga Drozhes at 803 7/966/7 Name of Person Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) |

COVER LETTER * * *

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 1 - Name: The name of the Limited Liability Con | npany is: | | | | | |
|---|---|---|---|---|-----------------------|----|
| Solnysh (Must contain the | zko Voge | a, dd | · C. | | | |
| (Must contain the | words "Limited Liab | oility Company, "L. | L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street address | | | | | | |
| Principal Off 1820 Kings #104 Map | ice Address: Lake B Les, Fl | Md 182 | Mailing Address O Kings of | ake t | 3 M | 2 |
| ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot another business entity with an active | ot serve as its own Reg | Registered Agent's gistered Agent. You | Signature: 1 must designate an indiv | idual or | | |
| The name and the Florida street addres | ss of the registered ago NGA D | _ | | SECRET | 2018 MAN | |
| | 820 Kin | ame Us dah | e Blvd # | 104 | 018 MAY - 7 AM 11: 46 | |
| Flo | orida street address (P MMLS City | O. Box NOT acce | 34112 | 19.00 10.00 | 94:11 | |
| aving been named as registered agent of lace designated in this certificate. I here | and to accept service of the accept the appoint | of process for the ab ment as registered a | ove stated limited liability agent and agree to act in t | this capacity. | I | |
| orther agree to comply with the provision manification familiar with and accept the obligation | ns of all statutes relati | ing to the proper an | d complete performance (| of my duties, c | md I | ٠, |
| _ | A) | Agent's Signature | (REQUIRED) | | | |
| | Keggiciet | a regent a dignature | (111/20111111) | | | |

(CONTINUED)

| 'MGR" ≃ Manager | zed Member | |
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| AMBR | | Man Ornanos |
| TINDA | | 1820 Kings Lake Beval #10 |
| | | maples, Fl, 34112 |
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| | | |
| V: Effective date, tive date is listed, filing.) ne date inserted in | if other than the date of filit the date must be specific a this block does not meet th | ng: (OPTIONAL) and cannot be more than five business days prior to or 90 ne applicable statutory filing requirements, this date will not te's records. |
| V: Effective date, etive date is listed, filing.) he date inserted in ent's effective date | if other than the date of filit the date must be specific a this block does not meet the on the Department of State | and cannot be more than five business days prior to or 90 are applicable statutory filing requirements, this date will not |
| V: Effective date, etive date is listed, filing.) he date inserted in ent's effective date. VI: Other provisio | if other than the date of filit the date must be specific and this block does not meet the on the Department of States, if any. | and cannot be more than five business days prior to or 90 are applicable statutory filing requirements, this date will not |
| V: Effective date, tive date is listed, filing.) ne date inserted in ent's effective date. VI: Other provisio | if other than the date of filit the date must be specific and this block does not meet the on the Department of States, if any. | and cannot be more than five business days prior to or 90 are applicable statutory filing requirements, this date will not |
| etive date is listed, filing.) the date inserted in ent's effective date VI: Other provision ECOUIRED SIGN This I am | if other than the date of filit the date must be specific at this block does not meet the on the Department of States, if any. ATURE: Signature of a member document is executed in aware that any false informatitutes a third degree felon | or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S. |
| V: Effective date, etive date is listed, filing.) he date inserted in ent's effective date. VI: Other provision. EQUIRED SIGN | if other than the date of filit the date must be specific at this block does not meet the on the Department of States, if any. ATURE: Signature of a member document is executed in aware that any false informatitutes a third degree felon | and cannot be more than five business days prior to or 90 he applicable statutory filing requirements, this date will not the's records. Or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State |

ARTICLE IV-