

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

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Account Name : HUBCO  
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Phone : (516)935-3940  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

LISANHROBERTS@GMAIL.COM

Email Address:

**FLORIDA LIMITED LIABILITY CO.  
CAT COW YOGA LLC**

Certificate of Status	1
Certified Copy	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CAT COW 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 the principal office of the Limited Liability Company is:

**Principal Office Address:****Mailing Address:**653 CASTILLA LANE  
BOYNTON BEACH, FL 33435653 CASTILLA LANE  
BOYNTON BEACH, FL 33435**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:

LISA-NICOLE ROBERTS

Name

653 CASTILLA LANEFlorida street address (P.O. Box **NOT** acceptable)BOYNTON BEACH FL 33435

City

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 in Chapter 605, F.S.*

Lisa-Nicole Roberts

Registered Agent's Signature (REQUIRED)

LISA-NICOLE ROBERTS

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**MGR**

**Name and Address:**

LISA-NICOLE ROBERTS

653 CASTILLA LANE

BOYNTON BEACH, FL 33435

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Lisa-Nicole Roberts*

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**LISA-NICOLE ROBERTS**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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