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SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAR 30 PM 2:59

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 3/30/2022

PRIORITY Regular Approval

OUR REF. # (Order ID#) 1022713

ORDER ENTITY

MAGNOLIA YOGA AND WELLNESS CENTER, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

MAGNOLIA YOGA AND WELLNESS CENTER, LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: bill@weatherfordfirm.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For LLC orders, please include the thru date on the results.

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**ARTICLES OF ORGANIZATION FOR
MAGNOLIA YOGA AND WELLNESS CENTER, LLC,
a FLORIDA LIMITED LIABILITY COMPANY**

**SECRETARY OF STATE
TALLAHASSEE, FL**

The undersigned member or authorized representative of a member pursuant to Chapter 605 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for such Limited Liability Company:

ARTICLE I - Name:

The name of the Limited Liability Company is Magnolia Yoga and Wellness Center, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 8301 Richmond Highway, Alexandria, Virginia 22309. Email address: bryan@christianrelief.org.

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual commencing on the date of execution of these Articles of Organization.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by its member and the name and address of the sole member is:

Name

Address

Christian Relief Services Charities, Inc.

8301 Richmond Highway
Alexandria, Virginia 22309

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be with the affirmative vote of a majority of the Members.

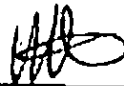
ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be only with the affirmative vote of a majority of the remaining Members.

ARTICLE VII - Initial Registered Office and Registered Agent

The initial street address of the registered office of this Limited Liability Company in the State of Florida shall be 1150 Louisiana Avenue, Suite 4, Winter Park, Florida 32789. The Members may from time to time move the registered office to any other address in Florida. The name of the initial registered agent of this Limited Liability Company at that address is William P. Weatherford, Jr. The Members may from time to time designate a new registered agent.

IN WITNESS WHEREOF, the undersigned member or authorized representative of a member has made and subscribed these Articles of Organization at Orlando, Florida, this 32 day of March, 2022.



William P. Weatherford, Jr., Authorized Agent

Having been named as registered agent for the above mentioned Limited Liability Company, at the place designated in the foregoing Articles of Organization, I hereby accept such designation and agree to act in such capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties as registered agent. I am familiar with, and accept the duties and obligations of my position as registered agent.

Signature: 

William P. Weatherford, Jr.

Date: March 30, 2022

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SECRETARY OF STATE
TALLAHASSEE, FL

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