## L24 000 237431

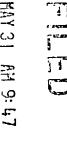
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2024 MAY 31 AM 9: 47





## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>05/31/2024</u>	***	'WALK	IN**
ENTITY NAMESyndey	Young Yoga, LLC	· · · · · ·	
DOCUMENT NUMBER_			
	**PLEASE FILE THE ATTACHED AND RETURN**		
xxxxxxxx	Plain Copy		
<del></del>	Certified Copy		
	Certificate of Status		
*	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**		
	Certified Copy of Arts & Amendments	2(	
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)	2024 15.1 7 3 1	
<del></del>	Certificate of Status		d il
	Certificate of Status Reflecting:	<u> </u>	_ j
	1012 1712 1715	<u>.</u>	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	9:47	442
COUNTRY OF DESTINAT	70N		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$ 125	ACCOUNT # 120140000108 / United Corporate  Services, Inc.  Le above number for any issues or concerns. Thank you so much	) espa	d
Please call Tina at th	he above number for any issues or concerns. Thank you so much	10	

## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Sydney Journ Joga, LLC 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:	
Sydney Joung Name of Jerson	
Clo David Young Film/Company	
,	
9316 Granife Court	
Naples, Floridae 34120  City/State and Zip Code  Sydney Young voga e gmovil. com.  E-mail address! (to be used foffuture annual report notification)	
City/State and Zip Code	
E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Richard P. Krieger, Eg at (116) 440-0100  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:	
	çem İ
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, □  Certificate of Status Certified Copy (additional copy is enclosed)  Certificate of Status & □	

**Mailing Address** 

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## AKTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:	0					
The name of the Limited Liabilit	y Company is:					
Sydne	ain the words "Limited I	Yoga,	LLC			
(Must cont	ain the words "Limited I	iability Comp	any, "L.L.C	.," or "LLC.")		
ARTICLE II - Address: The mailing address and street as	ldenge of the principal of	Fice of the Lin	sited Liabili	ty Company is:		
<del>-</del>		nce of the Bil	nea maon		ldwag.	
	al Office Address:		_	Mailing Ad		
9316 Gran	ite Court		9316	Granite	Court	
- Naples, Flo	orida 34120	<del></del>	Maple	a, Florida	34126	
ARTICLE III - Registered Age	ent, Registered Office,	& Registered	Agent's Sig	gnature:		
(The Limited Liability Company			ent. You m	ust designate an	individual or	
another business entity with an	ective Florida registratio	n.)				
The name and the Florida street	address of the registered	agent are:				
	United Corporate Ser	vices Inc				
	Onlies Corporate Cor	Name			•	
	0.507 1 1 75 1					
	3458 Lakeshore Driv Florida street address		OT acceptal	-l=\	•	
	riorida succi addies:	s (F.O. DOX <u>M</u>	ZI acceptat	orel		
	Tallahassee	FL		32312	<del>.</del>	
	City	State		Zip		
Having been named as registered place designated in this certificate	, I hereby accept the app	ointment as reg	ristered age	nt and agree to t	act in this capacity. I	5
further agree to comply with the pr	rovisions of all statutes re	elating to the p	roper and c	omplete perform	sance of my duties, an	dI
am familiar with and accept the ol	bligations of my position	as registered a	gent as prov	rided for in Cha <sub>l</sub>	oter 605, T.S	
	711	chasl A	2.		44. 31. 31. 31. 31. 31. 31. 31. 31. 31. 31	·
					_ SSC ≥	
	Regist	ered Agent's S	ignature (R	EQUIRED)	MM 9: 1	
						, <u>.</u>
		(CONTINU	ED)		in -	1

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Sydney Young 9311, Granith Count Naples, Flacida 34120
<del></del>	
(Use attachment if necessary)	
EV: Effective date, if other than the dat	te of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 da
of filing.)  f the date inserted in this block does not iment's effective date on the Departmen	t meet the applicable statutory filing requirements, this date will not be
of filing.)  f the date inserted in this block does not iment's effective date on the Departmen	t meet the applicable statutory filing requirements, this date will not be
of filing.)	t meet the applicable statutory filing requirements, this date will not be

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of State (Control of Sta

\$ 5.00 Certificate of Status (Optional)