

624000530637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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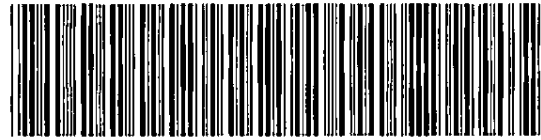
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FLOYOGA LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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Art of Inc. File _____
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RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
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Corp Record Search _____
Officer Search _____
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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: FLOYOGA 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:

Nicola Condello

Name of Person

Tosolini Toniutti and Partners

Firm/Company

407 Lincoln Rd, Suite 11C

Address

Miami Beach, FL 33139

City/State and Zip Code

nicola.condello@ttandpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicola Condello

561

8596960

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLOYOGA LLC

(Must contain 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:

407 Lincoln Rd, Suite 11C
Miami Beach, FL 33139

Mailing Address:

407 Lincoln Rd, Suite 11C
Miami Beach, FL 33139

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:

Nicola Condello

Name

407 Lincoln Rd, Suite 11C

Florida street address (P.O. Box **NOT** acceptable)

Miami Beach

FL

33139

City

State

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 for in Chapter 605, F.S..

Nicola Condello

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Name and Address:

MGR

Genevieve Brancaccio
407 Lincoln Rd, Suite 11C
Miami Beach, FL 33139

MGR

Sebastien Vaval
407 Lincoln Rd, Suite 11C
Miami Beach, FL 33139

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(Use attachment if necessary)

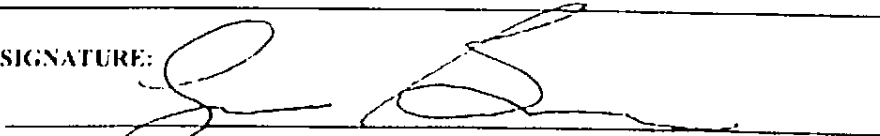
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Genevieve Brancaccio

Typed or printed name of signee

Filing Fees:

\$175.00 Filing Fee for Articles of Organization and Designation of Registered Agent