# L98000003299

Tring	Lidanova	
	questor's Name	
16105 15	Jashburn Place	
. 10103 0	Address	
Tamos	F1 33(047	
City/State	F	•
		Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUMBE	ER(S), (if known):
1.		
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☐ Walk in	Pick up time	Certified Copy
☐ Mail out □	☐ Will wait ☐ Photocopy	Certificate of Status
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NEW FILINGS	AMENDMENTS:	
Profit	Amendment	4000026546644 -10/02/9801076001 ****285.00 ****285.00
NonProfit	Resignation of R.A., Officer/ Director	****285.00 ****285.00
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
Name (S) (S) (S)		·
Avai ability OCHEREILINGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Traminer Fictitious NaDGC	Foreign	
Name Reservation	Limited Partnership	
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Ac'no ledgement DCC	Other	
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W. P. Verifyer DCC CR2E031(1/95)		Examiner's Initials



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 6, 1998

IRINA LIDANOVA 16105 WASHBURN PLACE TAMPA, FL 33647

SUBJECT: YOGASSAGE INC Ref. Number: W98000022706

We have received your document for YOGASSAGE INC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the limited liability company will be managed by a manager or managers, a statement to that effect is required as well as the names and street addresses of such managers who are to serve as managers; or if the management is reserved to the members, a statement to that effect is required as well as the names and street addresses of the managing members.

Please pick one or the other.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 698A00049642

at: 16, 1998

From: Rayanalt Chalavae/hi-

To: Ms-Diane Cushing
Florida Department of State
Division of Corporations
PO Box 6327
Follahassee, Florida 32314

Dear Ms. asking:

As per ous conversation, I am sending you the amended incorporation forms for LIC where we have checked the newaging members option Cletter number 698 A 00049642).

Your sincerely,
Rayanate Chokeanathe

. . . . . . . . . . . . .

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### Statement

Mogassage Inc. is to be a limited listility company managed by 2 managing members, namely,

Ronganath Chakranathi and Irina Lidanova.

For Yogassge hr,

Rangawath Adequation

Names and addresses of the 2 managing members

- (†) RANGANATH CHARRAVARTHI
  14535 BRUCE B. DOWNS BLVD, #738
  TANKA FL 33613
  Tel-90 (813) 979 9501
- 2) IRINA LIDANOVA 16105 WASHBURN PLACE TAMPA FL 33647 Tel. (813) -632-2980

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **AKTICLE I - Name:**

The name of the Limited Liability Company is:

YOGASSAGE INC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 1913 E. BEARSS AVENUE SUITE LLOO, 16105 WASHBURN PLACE

TAMPA FL 33613

Tel. 813-977-9434

ARTICLE III - Duration:

TAMPA

FL 33647

The period of duration for the Limited Liability Company shall be:

PERPETUAL

### ARTICLE IV - Management: (Check the appropriate box and complete the statement)

	The Limited Liability	Company is to be	managed by a n	nanager or r	nanagers and	the name(s)
and ad	dress(es) of such man	ager(s) who is/are	to serve as mana	ager(s) is/ar	e:	

- The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:
- 1. IRINA LIDANOVA 16105 WASHBURN PLACE, TAMPA FL3361-
- 2. RANGANATH CHARRAVARTHI 14535 BRUCE B. DOWNS BLVD, # 738
  TAMPA FL33613

#### 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:

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:

The remaining member has the right to continue the business of the limited liability company

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of	AGE INC.
	ertifies:
<ol> <li>the above named limited liability company has at least one member;</li> <li>the total amount of cash contributed by the member(s) is</li> </ol>	\$ \$0,000 =
<ul> <li>3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.); and</li> <li>4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is</li> </ul>	\$ 20,000 =
	(twenty thousand dellars only)
Rong analt Chabancethi Signature of a member or an authorized representative of a mem	uber.
(In accordance with section 608.408(3), Florida Statutes, the execution affidavit constitutes an affirmation under the penalties of perjury that t stated herein are true.)	of this
RANGANATH CHAKRAVARTHI Typed or printed name of signee	_

Filing Fee: \$250.00 for Articles and Affidavit

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

	ATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE	E
FC	DLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND EGISTERED AGENT IN THE STATE OF FLORIDA.	98 OCT 19 AM II: 59
1.	The name of the limited liability company is: YOGASSAGE INC.	9 AMII:
		U .
2.	The name and the Florida street address of the registered agent are:	
	IRINA LIDANOVA	
	TVAVE	
	16105 WASHBURN PLACE	
	Florida street address (P. O. Box NOT ACCEPTABLE)	
	TAMPA FL 33647 CITY, STATE AND ZIP	
	CITY, STATE AND ZIP	
im app the	wing been named as registered agent and to accept service of process for the above aited liability company at the place designated in this certificate, I hereby acception of the place to act in this capacity. I further agree to compare provisions of all statutes relating to the proper and complete performance of my duties a familiar with and accept the obligations of my position as registered agent.	ept the ly with
	2. Lidanora	
	Signature	

Filing Fee: \$ 35 for Designation of Registered Agent