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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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D. SCOTT DEC 8 2016



KORIN_{IG} THE EMELIE BUILDING • 334 NORTH SENATE AVENUE • INDIANAPOLIS, INDIANA 46204

December 2, 2016

VIA CERTIFIED MAIL; RETURN RECEIPT REQUESTED

9214 7901 7033 1804 8015 10

Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

> Re: Application by Foreign LLC for Authorization to Transact Business in Florida Miami Beach Yoga LLC

To Whom It May Concern:

Enclosed please find copies of the following for filing with your office for Miami Beach Yoga, LLC:

- Filing Cover Letter
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- Indiana Certificate of Existence; and
- Check no. 23218 in the amount of \$125.00 for the filing fee.

Please return a file-stamped copy of the Application in the enclosed self-addressed stamped envelope.

Thank you for your assistance with this matter. Please feel free to contact our office with any questions.

Sincerely,

Enclosures

COVER LETTER

	egistration Section livision of Corporations	
SUBJECT	Miami Beach Yoga, LLC	
SOBJECT		Limited Liability Company
		pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida
Please retu	arn all correspondence concerning this matter to the	following:
	Hannah Kautman Joseph	
	N	ame of Person
	Katz & Korin, PC	
	F	irm/Company
	334 North Senate Avenue	
		Address
	Indianapolis, IN 46204	
	·	State and Zip Code
	hjoseph@katzkorin.com; sdowden@katzkor	in.com d for future annual report notification)
Ear firetha	r information concerning this matter, please call:	a for factive annual report notification)
	<u>-</u>	217 (74.1100
-	Hannah Kaufman Joseph	at () 464-1100
	Name of Contact Person	Area Code Daytime Telephone Number
I F	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	STREET ADDRESS: Division of Corporations Registration Section Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301 \$\Bigcup\$\$ \$155,00 Filing Fee & \$\Bigcup\$\$ \$\$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy \$\$\Bigcup\$\$

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

, t ...

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ernate name adopted for the purpo	se of tra	ansacting busine	ss in Florida. The	alternate nan	ne must include "Limited
Liability Company," "L.L.C."	or "LLC.")		03.4540435			
2. Indiana	of which foreign limited liability	3.	81-4549425	(FEI number,	:r1:1-1-)	
company is organized)	or which foreign limited hability			(PEI number,	п аррисаніе)	1
4. <u></u>						_
	(Date first transacted busin (See sections 605,0904 & 60	ness in F 5.0905,	florida, if prior t F.S. to determin	o registration.) ne penalty liability)	
5. 4228 Alton Road						=
Miami Beach, FL 3314	0					
	(Street Address of	Princip	oal Office)			-
6. 4228 Alton Road						_
Miami Beach, FL 3314						_
	(Mailing	Addres	ss)			
7. Name and street address	s of Florida registered agent: (1	P.O. Bo	ox NOT accep	table)		
Name:	Cleo Vo Dai			_		
Office Address:	4228 Alton Road			_		
	Miami Beach			Elorida 331	40	
		rvice o	f process for t	Florida 331 (- ility company at the place
Having been named as reg designated in this applicat to complywith the provision	· · · · · · · · · · · · · · · · · · ·	ntment e prope	as registered	he above stated agent and agree	limited liab	is capacity. I further agre
Having been named as reg designated in this applicat to complywith the provision	ance: gistered agent and to accept se tion, I hereby accept the appoil ons of all statutes relative to th my position as registered agent	ntinent e prope	as registered	he above stated agent and agree te performance	limited liab	is capacity. I further agre
Having been named as reg designated in this applicat to complywith the provision accept the obligations of n 8. The name, title or capa	gistered agent and to accept se gistered agent and to accept se ion, I hereby accept the appoil ons of all statutes relative to th ny position as registered agent (Regi	ntment e prope stered a	as registered er and comple gent's signature	he above stated agent and agree te performance	limited liable to act in the of my duties	is capacity. I further agre
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designated in this applicate to complywith the provision accept the obligations of notice the ob	gistered agent and to accept section, I hereby accept the appoint of all statutes relative to the my position as registered agent (Registered address of the person) tive Officer	stered a	as registered er and comple igent's signature has/have author	he above stated agent and agree to performance ority to manage i	limited liable to act in the of my duties s/are:	is capacity. I further agrees, and I am familiar with a second of the se
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Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MIAMI BEACH YOGA, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 05, 2016, and was in existence or authorized to transact business in the State of Indiana on November 30, 2016.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the city of Indianapolis, November 30, 2016

Corrie Lamon

CONNIE LAWSON
SECRETARY OF STATE

201610051161450 / 2016161493 Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate