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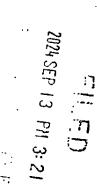
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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SEP 19 402+

1.1

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: LIVING ROOM YOGA SESSIONS, LLC					
Name of Limited Liability Company					
	impany for Authorization to Transact Business in Florida," Certificate of Perenced foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this matter to the following:					
HAMID KECHAR					
	Name of Person				
SILVER STAR TAX & AUDIT LLC					
•	Firm/Company				
218-14 NORTHERN BLVD STE 106					
	Address				
BAYSIDE NY 11361					
City/State and Zip Code					
a@aminatahamethod.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
HAMID KECHAR	at (929 Area Code Daytime Telephone Number				
Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of \$100.00 Filing Fee & Cer	& ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate				

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

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:

name unavailable, enter alternate	name adopted for the purpose of transacting business	in Florida The alternate	name must include "Limited Liz	ability Company," "L.L.C," or "L	
NEW YORK	hich foreign limited liability company is organized)	3	(Ettl gumb	er, if applicable)	
Compaction under the law to w	men overga mineet natently company is organized?		(12) 10)	ст. а вруженого	
	(Data for Line and de human in Blands (Carlo				
	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to det	ermine penalty liability)			
1466 NE 55TH STREET		6. <u>1466</u>			
eet Address of Principal Office)		(,	Vialing Address)		
FORT LAUDERDALE FL 33334		FOR'I	DRT LAUDERDALE FL 33334		
Name and street addres	ss of Florida registered agent: (P.O. E	sox <u>NOT</u> accepia	ioic /	124 S	
Name and street address Name:	AMINA TAHA	sox <u>NOT</u> accepu	-	7024 SEP 13	
		sox <u>NOT</u> accepia	-	•	
Name:	AMINA TAHA 1466 NE 55TH STREET FORT LAUDERDALE	sox <u>NOT</u> accepia	- . Florida <u>33334</u>	# SEP 13 PH 3: 21	
Name:	AMINA TAHA 1466 NE 55TH STREET	sox <u>NOT</u> accepia	-	•	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: AMINA TAHA	□Manager	Name:	
■Member	Address: 1466 NE 55TH STREET	□Member	Address:	
□Authorized	FORT LAUDERDALE FL 33334	Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name: AZIZ KOSBER	□Manager	Name:	
■Member	Address: 1466 NE 55TH STREET	□Member	Address:	
□Authorized	FORT LAUDERDALE FL 33334	□Authorized		
Person		Person		
Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		•
Person		Person		
□Other	Other	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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.

AMINA TAHA

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. WALTER T. MOSLEY. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: LIVING ROOM YOGA SESSIONS, LLC

DOS ID Number: 5239103

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 11/22/2017

Statement Status: CURRENT Statement Due Date: 11/30/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 04, 2024 at 12:41 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Hydra

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006524406 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov