

L020000030396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

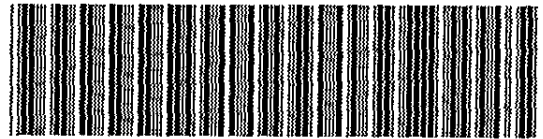
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11/13

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 NOV 13 PM 4:05

Sp

Ryan Thomas  
904 El Dorado Parkway S.W.  
Cape Coral, FL 33914

October 29, 2002

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

RE: *Two Wheel Adventures, LLC*


*W02-31807*

Dear Sir/Madam:

I enclose the signed Articles of Organization for Florida Limited Liability Company for Two Wheel Adventures, LLC together with my check in the amount of \$100.00 for the filing fee.

If you have any questions, you may reach me at: *239. 549-6547*

Very truly yours,

  
Ryan Thomas

Enc.

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DIVISION OF CORPORATIONS  
02 NOV 13 PM 4:05



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

November 6, 2002

RYAN THOMAS  
904 EL DORADO PARKWAY S.W.  
CAPE CORAL, FL 33914

SUBJECT: TWO WHEEL ADVENTURES, LLC  
Ref. Number: W02000031809

We have received your document for TWO WHEEL ADVENTURES, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is an additional \$25 due for your registered agent designation.

Please return 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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 902A00060633

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DIVISION OF CORPORATIONS  
02 NOV 13 PM 4:05



11-6-02

CORPORATE Filing FOR  
Two Wheel ADVENTURES LLC

Doc # W020000 31809

ADDITIONAL Fee FOR Designation of Registered  
Agent

\$25.00

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DIVISION OF CORPORATIONS  
02 NOV 13 PM 4:05

*Ryan Thomas*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Two Wheel Adventures, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
904 El Dorado Parkway, Cape Coral, FL 33914

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Ryan Thomas

Name

904 El Dorado Parkway W.

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

Cape Coral

FL 33914

City, State, and 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 608, F.S.*

  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ryan Thomas

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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