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PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
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SECRETARY OF SHATE STORY STATES AND SECRETARY OF SHATES AND SHATES





COVER LETTER

TO: Registration Se Division of Cor		,		
SUBJECT: B	each Front C	ycles LLC		
	(Name of Limite	d Liability Company)		
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:	20	<u>=</u> ;
Leon	ARD IVLER	•	8 - AON 9005	HOICH I
	(Name of Person)	- 8	7
13ea	ARD IVLER	is Inc.		
	(r unit company)	••	4.5 4.5
5980	NW 72 WO	ry	Č	› ∰ -
\circ		(Address)		
- Paek	(AND, PINI)	(Address) A 33067- /State and Zip Code)	1218	
	(City,	/State and Zip Code)		
For further information of	concerning this matter, please	call:		
Leonard	IVICI	at (<u>454</u>) <u>757-</u> (Area Code & Daytime Te	9500	
(Name	of Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a check fo	r 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	es es	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Beach Front Cycles (Must end with the words "Limited Liability Company, "Limited	LLC Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1500 N. BROADWALK HOTTYWWD, Pl. 33019	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
LEONARD LVI	LER
1500 N. BRUA	D WAUX ess (P.O. Box NOT acceptable)
Name 1500 N. BOOA Florida street address /-folly woul City, State, and	ess (P.O. Box NOT acceptable) FL 3301 9 and Zip
/ City, State, an	d Zip
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
registered vacur a signatur	ie (krečonen)

(CONTINUED) Page 1 of 2

EFFECTIVE DATE

(Use attachment if necessary)

REQUIRED SIGNATURE:

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

Hika Tre).

(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.)

Typed or printed name of signed

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)