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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

keirin cycles llc

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name of Limited Liability Company:

KEIRIN CYCLES LLC

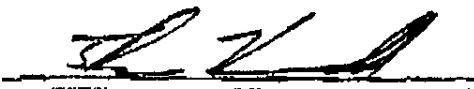
ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

**727 JEFFERSON AVE, #2
MIAMI BEACH, FL 33139**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

**THOMAS LORRELL
727 JEFFERSON AVE, #2
MIAMI BEACH, FL 33139**

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...



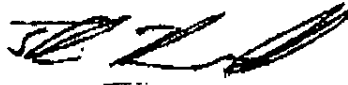
Registered Agent's Signature

Date 11/11/08

Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1. **THOMAS LORRELL, 727 JEFFERSON AVE, #2, MIAMI BEACH, FL 33139**



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.

THOMAS LORRELL

Typed or printed name of signee

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