

L09000027973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

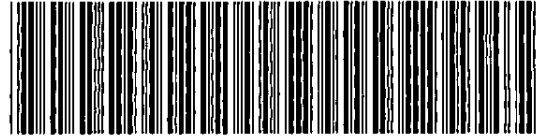
(Business Entity Name)

(Document Number)

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B. KOHR  
MAR 23 2009  
EXAMINER

FILED  
09 MAR 23 PM 3:35  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Richard Benton (Carnie)  
Requestor's Name

1415 Piedmont Drive  
Address

Tallahassee FL 32309-0900  
City/State/Zip Phone #

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Safe Cycling LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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**ARTICLES OF ORGANIZATION  
OF  
SAFE CYCLING, LLC  
a Florida Limited Liability Company**

The undersigned organizer hereby subscribes to these Articles of Organization for  
SAFE CYCLING, LLC, a Florida limited liability company.

**ARTICLE I**

The name of this limited liability company shall be SAFE CYCLING, LLC  
("Company").

**ARTICLE II**

The mailing address for the Company is 916 Shadowlawn Drive, Tallahassee,  
Florida 32312 and the street address for the principal office of the Company shall be 916  
Shadowlawn Drive, Tallahassee, Florida 32312.

**ARTICLE III**

The name and street address for the Company's registered agent is:

Joseph Mizereck  
916 Shadowlawn Drive  
Tallahassee, Florida

**ARTICLE IV**

The Company shall be a member-managed limited liability company pursuant to  
the terms as described in the Regulations and Members' Operating Agreement.

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the member identified below has executed these  
Articles of Organization of the Company on the date indicated below.

  
JOSEPH MIZERECK

Date: 3.17.09

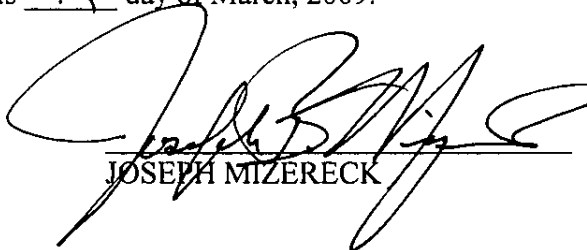
**CERTIFICATE  
OF  
ACCEPTANCE OF DESIGNATION  
AS REGISTERED AGENT OF  
  
SAFE CYCLING, LLC**

Pursuant to Sections 48.091 and 608.415, Florida Statutes, the undersigned, having been designated as the initial registered agent for the service of process within the State of Florida, does hereby accept the appointment as such registered agent and does hereby agree to comply with the provisions of Section 48.091(2) relative to keeping open the registered office which is located at

916 Shadowlawn Drive  
Tallahassee, Florida 32312

The registered agent further acknowledges that she is familiar with and accepts the obligations of serving as registered agent.

IN WITNESS WHEREOF, I, such designated registered agent, have hereunto set my hand and seal at Tallahassee, Florida, this 17 day of March, 2009.

  
JOSEPH MIZERECK