# L09000033046

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2009 APR -3 PH 12: 32

SECRETARY OF STATE A

C. LEWIS

APR - 6 2009

EXAMINER

## COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT: T- PEDAL BIKES (Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	KELLY A. SISLEY (Name of Person)
•	I-PEDAL BIKES (Firm/Company)
	213 WOODLAKE DR
	MAITLAND, FL 32751 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
14	(Name of Person) at (757) 748 - 5582 (Area Code & Daytime Telephone Number)
	sed is a check for the following amount:  00 Filing Fee \$\Bigsup \\$130.00 Filing Fee & Bigsup \Bigsup \\$155.00 Filing Fee & Bigsup \Bigsup \\$160.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed)  Certified Copy
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Mailing Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

**ARTICLE I - Name:** 

The name of the Limited	l Liability Company is:			
	With the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address		ncipal office of the Limited	Liability Comp	nv is
Principal Office Addre		Mailing Address:	Enomy Compe	11, 10.
5540 INTERI OPLANDO, FL 3281	9	213 WOODLAKE MAITLAND, FL 32751	DR.	
	cannot serve as its own Register	Office, & Registered Agencred Agent. You must designate an inc	dividual or another	
The name and the Florid	la street address of the re		2009 APR -3 SECRETAR) TALLAHASSI	FILE
	213 WOODLAK Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	PM 12: 32 OF STATE EE. FLORIDA	ED
	MATTLAND,		0 <sub>A</sub>	

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 (REQUIRED)

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE

ELLY A. SISLEY 213 WOODLAKE DR. MAHTLAND, FL 3275	SECRETARY TALLAHASSE
ELLY A. SISLEY 213 WOODLAKE DR. MAHTLAND, FL 3275	(
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**REQUIRED SIGNATURE:** 

Signature of a member of 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.)

LY A. SISLEY

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)