

LO 9000116990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

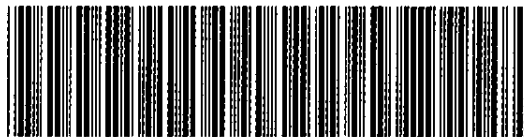
Special Instructions to Filing Officer:

A. LUNT

DEC -9 2009

EXAMINER

Office Use Only



000163354810

12/07/09--01015--018 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC -7 PM 1:25

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BIKES - TRIKES AND AUTOMOBILES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHANIE GORDON

Name of Person

BIKES - TRIKES AND AUTOMOBILES LLC

Firm/Company

1096 N US 1 UNIT 13

Address

ORMOND BEACH, FL 32174

City/State and Zip Code

BIKES TRIKES@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE GORDON

Name of Person

at (**580**)

372-1670

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2009 DEC -7 PM 1:25
TALLAHASSEE, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIKES - TRIKES AND AUTOMOBILES LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1096 N US 1
UNIT 13
ORMOND BEACH, FL 32174

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

VERNON MAGRUDA

Name

1701 N US 1 UNIT 488

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

ORMOND BEACH FL 32174

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 (REQUIRED)

(CONTINUED)

2009 DEC -7 PM 1:25
CLERK OF DISTRICT COURT
ALACHUA COUNTY, FLORIDA

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC -7 PM 1:25

FILED

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MANAGING MEMBER

STEPHANIE GORDON

1701 N. US 1 UNIT 488

ORMOND BEACH, FL 32174

MANAGING MEMBER

PAUL EUGENE VINCENT

368 FOREST AVE.


RIDGELAND, S.C. 29936

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

STEPHANIE GORDON

Typed or printed name of signee

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)