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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number : 075350000353 Phone : (212)431-5000

Fax Number (212)431-3000

SECRETISTY OF STATE

\*\*Enter the email address for this business entity to be used for future Officer annual report mailings. Enter only one email address please.\*\*

HASSEE, PLORIE

FLORIDA LIMITED LIABILITY CO.

CYCLE POWER & PRODUCT LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 03

 Estimated Charge
 \$125.00

D. BRUCE

MAR 16 2010

**EXAMINER** 

Electronic Filing Menu

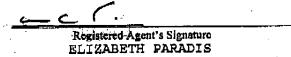
Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
CYCLE POWER & PRODUCT LLC	<u>·</u>	· · · · · · · · · · · · · · · · · · ·	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of	f the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Add	ress:	
1119 B HERNANDO STREET FORT PIERCE, FL 34949	1119 B HERNA FORT PIERCE		10 NAR
ARTICLE III - Registered Agent, Registered	Office, & Reg	istered Agent's Sig	mo 🗷
The name and the Florida street address of the r	egistered agent	are:	FL0
ELIZABETH PA	ARADIS		를 기관 <b>원</b>
Name			) P
1119 B HERNANI	O STREET		
Florida street add	ress (P.O. Box <u>NO</u>	T acceptable)	1
FORT PIERCE	FL	34949	
City, State, a	na Lip	· ·	

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..



(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Mana			
"MGRM" = Ma	naging Member		
MGR	ELIZABETH PARADIS		
	1119 B HERNANDO STREET		
	FORT PIERCE, FL 34949		
MGR	PAUL PARADIS		
	1119 B HERNANDO STREET		
	FORT PIERCE, FL 34949		
	, ·. · .		
•			
(Use attachment	if necessary)		
NOTE: Amada	litional article must be added if an effective date is requested		
WIE. All add	intonat at tiere must be added it an encourse date is requested		
REQUIRED SI	GNATURE:		
• •			
	Signature of a member or an authorized representative of a member.		
: n.r	(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.)		
	ELIZABETH PARADIS		
	Typed or printed name of signee		
Filing Fees	<u>.</u>		
	g a day a down to the and Delimettee		
	Fee for Articles of Organization and Designation pistered Agent		
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