

L10000032200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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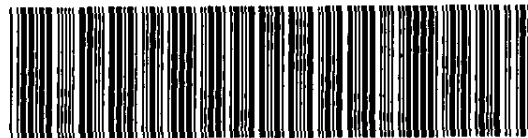
(Business Entity Name)

(Document Number)

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Effective Date 04/01/10

03/23/10--01031--009 **390.00

FILED
10 MAR 23 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 24 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVOLUTION TRIKES LLC
Name of Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

ABID FAROOQUI
Name of Person
c/o TAMPA BAY AGGROSPORT
Firm/Company
39440 SOUTH AVE
Address
ZEPHYRHILLS FLORIDA FL 33542
City/State and Zip Code
phil@roo.co.uk
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHIL BROOME at (863) 578 4633
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount: CHECK NO 3258620273

- ☐ \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EVOLUTION TRIKES 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:

39440 SOUTH AVE
2644 RHILLS
FL 33542

AS PRINCIPLE OFFICE.

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:

Effective Date 04/01/10

PHILLIP BROOME
Name

39440 SOUTH AVE
Florida street address (P.O. Box **NOT** acceptable)
2644 RHILLS FL 33542
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)

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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:

MGRM

ABID FAROOQUI
4805 HOLDSWORTH DR
LAND O LAKES FL 34639

MGRM

LARRY MEDNICK
14197 WADSWORTH DR
ODESSA FL 33556

MGRM

ROO CORPORATION LTD
BEE HOUSE, LELGOMERY RD
TELFORD UK TF1 3BN

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1 APRIL 10 (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.)

PHILLIP BROOME

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)