

L10000083588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

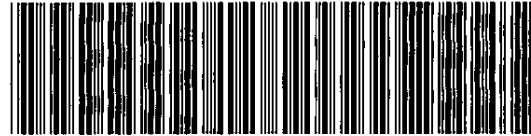
Certified Copies _____ Certificates of Status _____

A. LUNT

Special Instructions to Filing Officer AUG 10 2010

EXAMINER

Office Use Only



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08/09/10--01025--009 **155.00

FILED
2010 AUG -9 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



250 N. Westlake Blvd. | Suite 240 | Westlake Village, CA 91362

August 4, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
2010 AUG -9 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Cycle-Medic LLC

To whom it may concern:

The Enclosed Articles of Organization and Fee(s) are submitted for filing.
Also, please find enclosed a check for state filing fees in the amount of **\$155.00**
made payable to the FL Dept of State. For information to this filing at the
undersigned.

Thank you in advance and please return all correspondence in regards to this filing
using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet™, Incorporated
888-449-2638 Ext. 105
aberen@corpnet.com

Toll-Free: 888-449-2638
Direct/Int'l: 805-449-2638
Fax: 805-449-2639 | info@corpnet.com
www.corpnet.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cycle-Medic 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:

2724 Tiffany Drive
New Smyrna Beach, FL 32168

Mailing Address:

2724 Tiffany Drive
New Smyrna Beach, FL 32168

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:

Jeffrey Schutz

Name

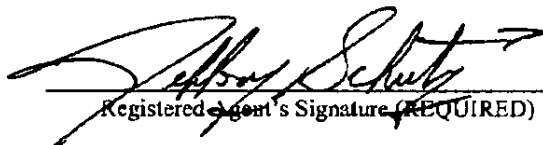
2724 Tiffany Drive

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

New Smyrna Beach FL 32168

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)

Page 1 of 2

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2018 AUG -9 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Jeffrey Schutz

2724 Tiffany Drive

New Smyrna Beach, FL 32168

2810 AUG -9 PM 12:45
SECRETARY OF STATE
ALLAHACSEE, FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08 03 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.)

Jeffrey Schutz, Organizer

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)