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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

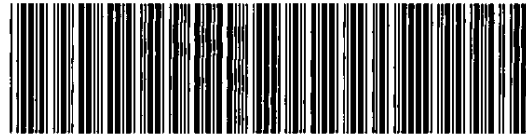
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/10--01012--022 **160.00

FILED
2010 SEP -9 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Sept. 10, 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2010

SCOTT S. TOBIN / STAR CYCLES
4583 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

SUBJECT: STAR CYCLES PERFORMANCE, LLC.
Ref. Number: W10000040319

We have received your document for STAR CYCLES PERFORMANCE, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00020492

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Star Cycles Performance
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:

Scott S. Tobin
Name of Person

Star Cycles
Firm/Company

4583 Capital Circle NW
Address

Tallahassee FL 32303
City/State and Zip Code

starcycles@rocketmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott or Karen Tobin at (850) 385-7827
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Star Cycles Performance, 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:

4583 Capital Circle NW
Tallahassee, FL
32303

Mailing Address:

Same

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

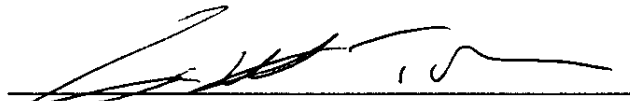
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Scott S. Tobin
Name
4583 Capital Circle NW
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32303
City, State, and Zip

FILED
2018 SEP - 9 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

FILED

2010 SEP -9 PM 12:40

REC. CLERK OF COURT
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:

MGR

Scott S. Tobin
4583 Capital Circle NW
Tallahassee, FL 32303

MGRM

Karen A. Tobin
4583 Capital Circle NW
Tallahassee FL 32303

(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:

Karen A. Tobin
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.)

Karen A. Tobin
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)