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TO:

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主項管

Registration Section

Division of Corporations
SUBJECT: PELOTON ENTERPRISES, 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:
MARK GABRIELLE
Name of Person
Firm/Company
1073 HILLSBORO MI. #2N
Address
HILLSBORO BECH, FL 33062
City/State and Zip Code
kathycdr@bellsouth.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MOHAMED MERCHANT at (954) 748-8113
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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

Α	RT	ICI	I -	Na	me:

The name of the Limited Liability Company is:

PELOTON ENTERPRISES, 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: 1073 HILLSBORO MI #2N HILLSBORO BEACH, FL 33062 Mailing Address: 1073 HILLSBORO MI #2N HILLSBORO BEACH, FL 33062

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:

MARK GABRIELLE

Name

1073 HILLSBORO MI #2N

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

HILLSBORO BEACH

FL 33062

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

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

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

Title:	' = Manager	Name and Address:		
	— Manager M" = Managing Member			
MGR		JON CHANDLER		
		12846 CIJON ST		
		SAN DIEGO, CA 92129		
MGRM	/	MARK GABRIELLE		
		1073 HILLSBORO MI #2N	-	<u> </u>
		HILLSBORO BEACH, FL 33	3062	
				
				_
				_
				
77				
(Use att	achment if necessary)			
ARTICLE V: 1	Effective date, if other than the da	ate of filing: January /	2011 .(OPT	IONAL)
(If an effective of	date is listed, the date must be s	pecific and cannot be more	than five busines	ss days prior
to or 90 days af	ter the date of filing.)		at Mark He	
			•-	J. W.
REOUI	IRED SIGNATURE:		·	CRI SIOP
111001	SIGINITUIE.			コーデー
	2001/	(0, 0)		- GREE
	Signature of a member of	or an authorized representative	of a member.	ECRETARY OF STATE
	(In accordance with section 608.40	-	tion of this document	Z; Z
	constitutes an affirmation under th	e penalties of perjury that the fac	ts stated herein are tr	ue. 🚽 🤶
	I am aware that any false informat constitutes a third degree felony as			le

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)

MARK CABRIELLE
Typed or printed name of signee