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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ybor City Bikes 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:

Victor Lozada

Name of Person

Ybor City Bikes

Firm/Company

803 e. James St.

Address

Tampa / Florida / 33604

City/State and Zip Code

yborcitybikes@gmail.com.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Aumiller

Name of Person

at (813) 409-7175

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Ybor City Bikes 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:

803 e. James  
33604, Tampa, FL

Mailing Address:

803 e. James  
33604, Tampa, FL

### 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:

Victor Lozada

Name

1218 e. 17<sup>th</sup> ave. XX

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

Tampa, FL, 33605

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..*

Victor Lozada

Registered Agent's Signature (REQUIRED)

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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

MGR

**Name and Address:**

Victor Lozada 1218 e. 17<sup>th</sup> ave  
33605, Tampa, FL

MGRM

Frederick Maua  
1209 E Holmes AVE  
Tampa FL 33605

MGRM

Ryan Aumiller  
803 E James St  
Tampa FL 33604

(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:**

Victor Lozada  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Victor Lozada  
Typed or printed name of signee