## 11000043683

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EFFECTIVE DATE 04-05-11

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SEGGHASSEE FLORID

B. BOSTICK
APR 12 2011
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporation	ns		
SUBJECT: Bikes 4 Kids	Limited Lin Name of Limited Lia	Bility Comparability Comparability Company	NY
The enclosed Articles of Organiza	ation and fee(s) are submi	itted for filing.	
Please return all correspondence of	concerning this matter to	the following:	
Susan Lieberman	Name	e of Person	
Bikes 4 Kids , Li	mited Liabil	ity Company	ny
1815 North Surf Ro			
Hollywood Florida 33	019	and Zip Code	
shorething401@aol.	com	•	
E-mail  For further information concernin		ire annual report notification	)
Susan Lieberman	at (	954 ) 593 - 85 Area Code & Daytime T	01
Name of Person  Enclosed is a check for the foll \$125.00 Filing Fee \$130.0  Certif	owing amount:  O Filing Fee &  ficate of Status	Area Code & Daytime T  155.00 Filing Fee & Certified Copy additional copy is enclosed)	elephone Number  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. B	g Address ration Section on of Corporations ox 6327 rassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liability Compa	ıny
Principal Office Address:	Mailing Address:	
1815 North Surf Road #401	1815 North Surf Road	
Hollywood Florida	Hollywood Florida	
33019	33019	
	gistered Office, & Registered Agent's Signature:	
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an individual or another	PLEASE TRANS
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another  of the registered agent are:	
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an individual or another  of the registered agent are:	) I
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)  The name and the Florida street address	own Registered Agent. You must designate an individual or another  of the registered agent are:	
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address  Susan Lieberman  1815 North Surf Ro	own Registered Agent. You must designate an individual of another APR APR ASSESSED PM	
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address  Susan Lieberman  1815 North Surf Ro	own Registered Agent. You must designate an individual of another APR	

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Susan Lieberman
	1815 North Surf Road #401
	Hollywood Florida 33019
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(Use attachment if necessary)	ne date of filing: 92:20:41 Opn 5 2000 (OPTION
LE V: Effective date, if other than th	e date of filing: 92:29:41 UN 59 (OPTION
fective date is listed, the date must	be specific and cannot be more than five business da
days after the date of filing.)	
DECHIDED SIGNATURE.	
REQUIRED SIGNATURE:	/ /
REQUIRED SIGNATURE:	Laher-
Dun	Advisor ber or an authorized representative of a member.
Signature of a member (In accordance with section 60	Deer or an authorized representative of a member.  28.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.

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)

Typed or printed name of signee