

L 11000131518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

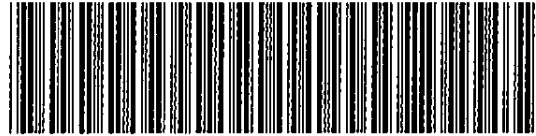
(Document Number)

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LAZARUS CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. BRYAN'S MOBILE SCOOTER
(Corporation Name) (Document #)

2. REPAIR, LLC
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Bryan’s Mobile Scooter Repair, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1242 Alton Rd. apt 201
Miami Beach, FL 33139

Mailing Address:

1242 Alton Rd. apt 201
Miami Beach, FL 33139

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:

Bryan J Cristin
Name

1242 Alton Rd. apt 201
Florida Street address (P.O. Box NOT acceptable)

MIAMI FL 33139
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 the 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..

X Bryan Cristin
Registered Agent’s Signature (REQUIRED)

(CONTINUED)

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

Bryan J Cristin
1242 Alton Rd. apt 201
MIAMI BEACH, FL 33139

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: **Thursday, November 10, 2011. (OPTIONAL)**
(If an effective dates is listed, the date must be specific and cannot be more that five business day prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

X 

Signature of a member or an authorized representative of a member.

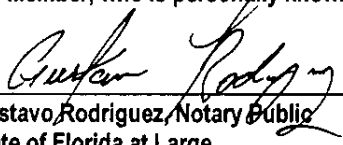
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bryan J Cristin

Typed of printed name of signee

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this Thursday, November 10, 2011, **Bryan J Cristin** the Member, who is personally known to me and who did take an oath.



Gustavo Rodriguez, Notary Public
State of Florida at Large



GUSTAVO RODRIGUEZ
MY COMMISSION # DD 954318
EXPIRES: March 6, 2014
Bonded Thru Budget Notary Services