## L13000062883

/ (Req	uestor's Name)			
(Add	ress)			
(Addi	ress)			
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Fi	ling Officer:			

Office Use Only

1



600247007616

04/29/13--01029--009 \*\*125.00

FILED

13 APR 29 PM 1: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 3 0 2013

EXAMINER

TO:

## COVER LETTER

TO: Registration Division of C			
SUBJECT:	Dirtyard Bikes Name of Limite	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Richard	Sciet Jt. Name of Person	
	Dirtyard Bikes	LLC. Firm/Company	
	PO BOX 20	Address	
	oldsmar, FL.	34677 y/State and Zip Code 4 mail- Com of future annual report notification)	
	dirtyardbiles e E-mail address: (to be used f	amail-Com of future annual report notification)	
For further information	concerning this matter, please	call:	
Pickurd Ge	e of Person	at ( <u>313</u> ) <u>240-3</u> Area Code & Daytime Telep	363 hone 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 C Tallahassee, FL 32301	ircle

## $\cdot$ ' ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
The name of the Limited Liability Company is:
Diatrod Aiton 110
(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:
290/2 N. River Rd. DO PON 29
Tampa, Fl. 33635 Oldsmar, Fl. 34677
<u> </u>
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:
Pichard Geice St.  Name  Richard Geice St.
Name
Florida street address (P.O. Box NOT acceptable)  Tampa, FL 33635  City, State, and Zip
Florida street address (P.O. Box NOT acceptable)
Tampa, FL 33635
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

. • 1	The name and address of each Manager or Managing Member is as follows:				
	<u>Title:</u>	Name and Address:	1		
	"MGR" = Manager		13 APR 29 PM 1:5		
	"MGRM" = Managing Member		SEGRETARY on a		
	MG-R	Richard Geier JD. 1906 N. Riverld. Jampa, FZ. 33635	SEGRETARY OF STATE TALLAHASSEE, FLORIDA.		
			<del></del>		
(If an	(Use attachment if necessary)  [CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)	date of filing:be specific and cannot be more tha	(OPTIONAL) in five business days		
	REQUIRED SIGNATURE:				
	Signature of a member	or an authorized representative of a mem	ber.		
	constitutes an affirmation under I am aware that any false informations constitutes a third degree felony	408(3), Florida Statutes, the execution of this the penalties of perjury that the facts stated ho ation submitted in a document to the Departm as provided for in s.817.155, F.S.)	erein are true.		
	<u></u>	wid Geer Jr.			
	, тур	sea or printed name of signee			
	Filing Fees:				
	\$125.00 Filing Fee for Articles of Organ	ization and Designation			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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