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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Pertified Copies Certificates of Status		
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Mobile Bike Rescue 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:
AKI Todd Harvey Name of Person
Akilis Bike Company LLC axa ABC LLC
1928 Nicklaus CT Apt A
Tallahassee, FL 32301 City/State and Zip Code
City/State and Zip Code a kil harvey a gmail. Com mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Akil Harvey at (850) 339 - 8007 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\[\] \\$125.00 \text{ Filing Fee} \] \$\[\] \\$130.00 \text{ Filing Fee} & \[\] \\$155.00 \text{ Filing Fee} & \[\] \\$160.00 \text{ Filing Fee}, \\ \] Certificate of Status & \[\] \text{Certified Copy} & \[\] Certified
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Mobile Bike Rescue 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: 4567 Capital Circle NW 1928 Nicklaus Tallahassee, 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 another business entity with an active Florida registration.)			0
The name and the Florida street address of the registered agent are: Akil Todd Harvey Name 1928 Nicklaus CT. Apt A Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32301 City Zip			
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and a capacity. I further agree to comply with the provisions of all statutes relating to the proper and co. of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S.:	agree to a mplete pe	ct in this rforman	s ice
Registered Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2		14 Jan 22	
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the name and address of each person authoriz	zed to manage and control the Limited Liability Company:	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AKI Todo Harvey	1928 Nicklaus CT A	Pt. A
- 1905	19 11/14 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A
Iskandaria Masduki	1928 NICKMUS CT APT	A
AMBR	Tolla unssee, FL 3230)	
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(Use attachment if necessary)		
the date of filing.) ARTICLE VI: Other provisions, if any.	and cannot be more than five business days prior to or 90 days a	itei
REQUIRED SIGNATURE	0. 11.	
Simological	or an authorized representative of a member.	
agnatur e or a memori	205 (1 \(\text{tb} \)), Florida Statutes, the execution of this document	
(In accordance with section 605.0	The state of the s	
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ARTICLE IV-