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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nan	ne)
(Do	ocument Number)	
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DEC 3 2015 S. GILBERT

COVER LETTER

TÓ:	Registration S Division of C				* *	
SUR	JECT: CYCLUE	, LLC				
SUL	EC1	(Name	of Resulting Florida	Limite	ed Company)	
			_		nd fees are submitted to convert an accordance with s. 605.1045, F.S.	"Other
Pleas	e return all corre	espondence concernin	g this matter to:			
Stever	n Sodemann					
-		(Contact Person)				
CYCL	UB					
		(Firm/Company)				
2451 I	Lena Lane #801					
		(Address)				
West I	Palm Beach, FL 33	415				
	(6	City, State and Zip Code)				
cyclub	ofit@gmail.com					
E-1	mail Address: (to b	e used for future annual re	port notifications)			
For fi	urther informati	on concerning this ma	tter, please call:			
Stever	n Sodemann		_at (⁵⁶¹)	628-0	0824	
	(Name of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclo	sed is a check f	for the following amou	int:			
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles (anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	EET ADDRES	S:			ADDRESS:	
_	stration Section ion of Corporat	ione	Registra Division		Section Corporations	
	on Building	IOIIS	P. O. Bo		•	
	Executive Cent	er Circle			FL 32314	

Tallahassee, FL 32301

TÓ:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa		
	nny is:	
	٠. مر-	5 801 9 PH
CYCLUB, LLC)	3 2 <u> </u>
	d Liability Company, "L.L.C.," or "LLC.")	1/2 6 m
		2 1
ARTICLE II - Address:	Sthe mained office of the Limited Lighil	ity Cômports io:
The mailing address and street address of	the principal office of the Limited Liabil	ity Company is.
Principal Office Address:	Mailing Address:	
3200 Summit Blvd	3200 Summit Blvd	
Suite 18423	Suite 18423	
West Palm Beach, FL 33416	West Palm Beach, FL 33416	
The name and the Florida street address o Steven Sodemann		
	Name	
2451 Lena Lane #801		
	s (P.O. Box NOT acceptable)	
	s (P.O. Box <u>NOT</u> acceptable) FL 33415	
Florida street address	•	

(CONTINUED)

Page 1 of 2

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	•
AMBR	Steven Sodemann
	2451 Lena Lane #801
	West Palm Beach, FL 33415
AMBR	Jonathan Sodemann
	2451 Lena Lane #801
	West Palm Beach, FL 33415
	an the date of hing: 11/10/2013 . (OF HONAL)
an effective date is listed, the date or 90 days after the date of filing.)	
an effective date is listed, the date or 90 days after the date of filing.) te: If the date inserted in this block does not burnent's effective date on the Department of RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many This document is executed I am aware that any false constitutes a third degree	must be specific and cannot be more than five business days print meet the applicable statutory filing requirements, this date will not be listed as a state's records. ember or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
ran effective date is listed, the date or 90 days after the date of filing.) te: If the date inserted in this block does not current's effective date on the Department of RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mean of the document is executed a mean aware that any false constitutes a third degree	must be specific and cannot be more than five business days present the applicable statutory filing requirements, this date will not be listed as a State's records. ember or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State

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)