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COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	Xtreme Fat Bike Rental, LLC
SCEC	Name of Limited Liability Company
The enc	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Thomas E. Coghill
	Name of Person
	Xtreme Fat Bike Rental
	Firm/Company
	1320 SE 3rd St. #8
	Address
	Deerfield Beach, FL 33441
	City/State and Zip Code
	Tommi1447@gmail.com
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Thomas Coghill 757 635-5160
	Name of Person Area Code Daytime Telephone Number
Enclose	is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

-	ke Rental, LLC		
(Mu	st end with the words "Limited	Liability Company,	, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and s	street address of the principal of	fice of the Limited	Liability Company is:
<u>P</u>	rincipal Office Address:		Mailing Address:
1320 SE 3rd S	it #8	same	
Deerfield Beach	ch, FL		102
ARTICLE III - Register	ed Agent, Registered Office, a		
ARTICLE III - Register (The Limited Liability Co	ed Agent, Registered Office, &	Registered Agent. \ n.) agent are:	it's Signature: You must designate an individual or
ARTICLE III - Register (The Limited Liability Co	red Agent, Registered Office, a empany cannot serve as its own ith an active Florida registration street address of the registered	Registered Agent. \n.)	
ARTICLE III - Register (The Limited Liability Co	red Agent, Registered Office, a empany cannot serve as its own ith an active Florida registration street address of the registered	Registered Agent. \ n.) agent are:	
ARTICLE III - Register (The Limited Liability Co	red Agent, Registered Office, a suppany cannot serve as its own ith an active Florida registration street address of the registered Thomas E. Coghill	Registered Agent. \ n.) agent are: Name	You must designate an individual or
ARTICLE III - Register (The Limited Liability Co	red Agent, Registered Office, a company cannot serve as its own with an active Florida registration street address of the registered Thomas E. Coghill 1320 SE 3rd St	Registered Agent. \ n.) agent are: Name	You must designate an individual or

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR – Manager MGR	Thomas E. Coghill
MON	1320 SE 3rd St
	Deerfield Beach, FL 33441
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	e of filing:
ICLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) If the date inserted in this block does not occument's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the dat effective date is listed, the date must be state of filing.) If the date inserted in this block does not occument's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other than the date in effective date is listed, the date must be state of filing.) If the date inserted in this block does not occument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be listed to of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) If the date inserted in this block does not ocument's effective date on the Department ocument's effective date in this block does not ocument's effective date on the Department ocument's effective date, if other must be stated in this block does not ocument's effective date on the Department ocument's effective date ocument's effect	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be list
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\$ 5.00 Certificate of Status (Optional)