

APR-20-2018 1:37 PM From: DE-575-1642 Page: 1  
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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302)575-0875  
Fax Number : (302)575-1642

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DIVISION OF CORPORATIONS  
18 APR 20 AM 11:06

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: daviareias@hotmail.com

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FLORIDA CORPORATION  
REGISTRATION SERVICES  
COMMERCIAL  
REGISTRATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
BRIGHT CYCLING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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APR 20 2018

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**BRIGHT CYCLING LLC**

(Must contain 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:**

**Message Address:**

6114 BAY ISLES DR  
BOYNTON BEACH, FL  
33437

SAME

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

**ARTICLE III - Registered Agent, Registered Office, or Registered Agent 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:

AGENTS AND CORPORATIONS, INC.

Name

300 FIFTH AVENUE SOUTH SUITE 101-330

**Eligible street address (P.O. Box NOT acceptable)**

NAPLES      FL      34012

I 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 4115, F.S.

By John Williams Reg. Agent  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV.**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR

**Name and Address:**

DAVI AREIAS

6114 BAY ISLES DR

BOYNTON BEACH, FL 33437

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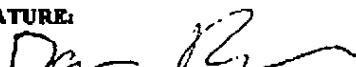
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

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**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

DAVI AREIAS

Typed or printed name of signee

**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)