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Florida Department of State
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To: Division of Corporations
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Account Number : I20170000097
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Emkillian@gmail.com

**FLORIDA LIMITED LIABILITY CO.
Bike-A-Brak LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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AUG 23 2019



COVER LETTER

Friday, August 23, 2019

**To: New Filing Section
Division of Corporation**

**Subject:
Bike-A-Brak 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:

**FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294**

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For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@fpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

**Articles of Organization
For
Bike-A-Brak LLC
A Florida Limited Liability Company**

**ARTICLE I
Name**

The name of the Limited Liability Company is: Bike-A-Brak LLC (the Company).

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is:

11540 Walsingham Rd Unit B
Largo, Florida 33778

**ARTICLE III
Registered Agent, Registered office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Emanuel Killian
11540 Walsingham Rd Unit B
Largo, Florida 33778

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.

Emanuel Killian (sign)
Registered Agent

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ARTICLE IV
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
MGR	Emanuel Killian 11540 Walsingham Rd Unit B, Florida 33778

ARTICLE V

The Effective date shall be the date of filing.

Emanuel Killian (sign)

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.

Emanuel Killian
Authorized Representative/Member