Division of Corporations Electronic Filing Cover Sheet

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| FINATI | Adaress: | | | | |

FLORIDA LIMITED LIABILITY CO. THE BICYCLE STORES LLC

| Certificate of Status | 1 |
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| Certified Copy | 0 |
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N CULLIGATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | (S) |
|--|-------------|
| FLORIDA LIMITED LIABILITY COMPANY | |
| ARTICLE I - Name: The name of the Limited Liability Company is: (Muss end with the words "Limited Liability Company" LLC. "or "LLC." THE BICYCLE STORES LLC | TARY OF STA |
| | H |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 2239 } SW 88h PATH (MAU) FI S3190 | 7 |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (Thi: Limited Liabili Company cannot serve as its own Registered Agent. You must designate an individual or another business ent with an active Florida registration.) ANA CARINA ESTINA 22397 SW 88 PATH MIAMI FL 33150 | ty ity |
| The name and title of each person authorized to manage and control the Limited Liability Company: ANA CARINA ESYNA (MBL) TORGE ANDUID ES HINA (MGL) | |
| | |

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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 here by 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 Ghapter 605, F.S..

Registered Agents Signature (REQUIRED)

SECRETARY OF STAT