Electronic Filing Cover Sheet

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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter	the	email	address	for	this	busin	ess	entity	to	be ı	used	for	future
an	nual	repor	t mailin	gs.	Enter	only	one	email	add	ress	ole	ase.	**

Email Address:_

FLORIDA LIMITED LIABILITY CO. BIKES FOR LESS, LLC

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

_	ARTICLES OF ORGANIZATION FOR FLORIDA	LIMITED LIABILITY COMPANY			
ARTICLE	- Name:				
	the Limited Liability Company is:				
В	KES FOR LESS, LLC				
,	(Must conatin the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")			
ADŽICI DE		,			
ARTICLE					
The mailing a	ddress and street address of the principal office of the	Limited Liability Company is:			
	Delical and Control (Control				
	Principal Office Address:	Mailing Address:			
26	7 MINORCA AVE	267 MINORCA AVE			
Si	FE 200	STE 200			
C	ORAL GABLES, FL 33134	CORAL GABLES, FL 33134			•
					
ARTICLE II	II - Registered Agent, Registered Office, & Registe	red Agent's Signature:			
(The Limited	Liability Company cannot serve as its own Registered	Agent. You must designate an individual	or		
another busin	ness entity with an active Florida registration.)		٠.		
			<u>ڪ</u> د_	2020	
The name and	the Florida street address of the registered agent are:	•	;	20	•
			<u>. </u>	ΗA	1
	JORGE ERNESTO REYES			25	- 1
	Name	·	335	1	<u>, ———</u>
		÷.	<u>~</u>	5	;
	267 MINORCA AVE, STE 200	\	'T).	-17	177

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.:

Florida street address (P.O. Box NOT acceptable)

FL

State

CORAL GABLES

City

Registered Agent's Signature (REQUIRED)

33134

Zip

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	JORGE ERNESTO REYES 267 MINORCA AVE: STE 200 CORAL GABLES: FL 33134
· ·	
	· · · · · · · · · · · · · · · · · · ·
	
Att	
(Use attachment if necessary)	
LE V: Effective date, if other than the diffective date is listed, the date must be of filling.)	specific and cannot be more than five business days prior to or 90 d
LE V: Effective date, if other than the diffective date is listed, the date must be of filling.) f the date inserted in this block does no timent's effective date on the Department.	specific and cannot be more than five business days prior to or 90 d
LE V: Effective date, if other than the diffective date is listed, the date must be of filling.) If the date inserted in this block does no ument's effective date on the Department of the VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 d t meet the applicable statutory filing requirements, this date will not b nt of State's records.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does no intent's effective date on the Department of the Utility of the Provisions, if any.	specific and cannot be more than five business days prior to or 90 d t meet the applicable statutory filing requirements, this date will not b nt of State's records.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does no intent's effective date on the Department of the Utility of the Provisions, if any.	specific and cannot be more than five business days prior to or 90 d t meet the applicable statutory filing requirements, this date will not b nt of State's records.

JORGE ERNESTO REYES
Typed or printed name of signee