

L20000 320 899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

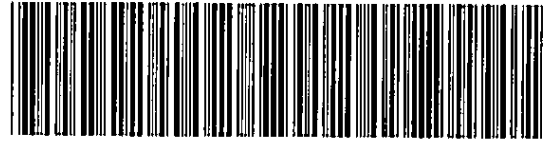
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200352378232

09/29/20--01002--003 \*\*155.00

2020 SEP 29 PM 2:54  
STATE  
SEC. FL

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Mobile Bike Medic Franchising, 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:

Ruth M Chamberlin

Name of Person

Mobile Bike Medic Franchising, LLC

Firm/Company

11593 Island Ave

Address

Matlacha, FL 33993

City/State and Zip Code

ruth.chamberlin@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth M Chamberlin 774 254-0506  
Name of Person at ( ) Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2020 SEP 29 PM 2:54  
FILED  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mobile Bike Medic Franchising, 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:**

11593 Island Avenue

Matlacha FL 33993

**Mailing Address:**

11593 Island Avenue

Matlacha FL 33993

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

Ruth M Chamberlin

Name

11593 Island Ave

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

Matlacha

FL

33993

City

State

Zip

*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.*

Ruth M Chamberlin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 SEP 29 PM 2:54  
STATE  
SECRET FL

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Dennis J Philbin  
11593 Island Avenue  
Matlacha FL 33993

AMBR

Steven Oliveri  
4661 Long Lake Dr  
Buckingham, FL 33905

AMBR

Ruth M Chamberlin  
11593 Island Ave  
Matlacha FL 33993

(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.

**REQUIRED SIGNATURE:**

Ruth M Chamberlin

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.

Ruth M Chamberlin

Typed or printed name of signer

**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)

2020 SEP 29 PM 2:54  
STATE  
OFFICE