

L21000309387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

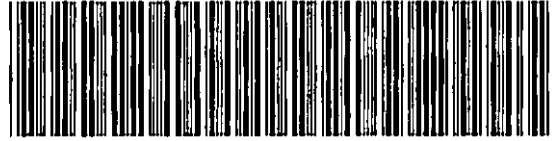
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700369290767

07/02/21--01018--029 **155.00

FILED

21 JUL -2 AM 7:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SP
7/7/21

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bikers & Beaches 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:

Diane Blake
Name of Person

Bikers & Beaches LLC
Firm/Company

3310 Fox Hunt Drive
Address

Palm Harbor, FL 34683
City/State and Zip Code

Bikersandbeaches@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Blake at (386) 5472480
Name of Person Area Code 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 &
Certificate of Status
(additional copy is enclosed)

\$160.00 Filing Fee
Certificate of Status &
Certificate of Status
(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

FILED
21 JUN 2011
AM 7:11
TALLAHASSEE, FL
SECTION OF CORPORATIONS

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Robbie Blake
3310 Fox Hunt Dr
Palm Harbor, FL 34683

(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:

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.

Robbie Blake - Robbie Blake

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)

21 JUL -2 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED