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## COVER LETTER

	ew Filing Sectivision of Cor					•		
en de la composition		E-Bikes LLC						
SUBJECT	:	Nam	e of Lim	ited Liabili	ty Company		_	
The enclos	ed Articles of	Organization and f	ee(s) are	submitted	for filing.			
Please retu	rn all correspo	ndence concerning	this mat	tter to the f	ollowing:			
	Natasha You	ng						
				Name of	Person	•		
				Firm/Co	mpany			
	1653 Quinn	Drive		<del></del>		<u> -</u>	- <u>-</u>	
				Addr	ess			
	Rockledge, I	Fl 32955						20 <sub>4</sub>
	ne.young15@	email.com	C	ity/State an	d Zip Code	•	TAKE.	2011 OCT 14 AH 1:34
			be used	for future a	nnual report notificati	on)		
For further i	information co	ncerning this matte	r, please	call:				
	Natasha You	ng	48 at (	34	8688598 )			-: -:3
	Nam	e of Person		rea Code	Daytime Telephone	e Number		+
Enclosed i	is a check for t	he following amou	nt:					
□\$125.00	0 Filing Fee	□\$130.00 Filin Certificate of S		Certif	5.00 Filing Fee & ied Copy is enclosed)			ıs &
	New F Divisi	ng Address Tiling Section on of Corporations Box 6327	<b>,</b>		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre	assee		

Tallahassee, FL 32303

Tallahassee, Fl. 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability (	Company is:		
Beach Bird E-Bikes Ll.	.C	iability Compar	y, "L.L.C.," or "LLC.")
(Must contain	Time words Timited E	internity of the	•
ARTICLE II - Address: The mailing address and street add	ress of the principal of	ffice of the Limi	ed Liability Company is:
<u> Principal</u>	Office Address:		Mailing Address:
		ı	653 Quinn Drive
1653 Quinn Drive		————— <del></del>	ockledge, Fl 32955
Rockledge, Fl 32955			
another business entity with an ac	annot serve as its own tive Florida registratio	on.)	gent's Signature: nt. You must designate an individual or
The name and the Florida street ac	ldress of the registered	l agent are:	
	Natasha Young		
		Name	
	1653 Quinn Drive		
	Florida street addres	ss (P.O. Box <u>NC</u>	T acceptable)
	Rockledge	Fl	32955
	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..

Registered Agent's Signature (REQUIX

(CONTINUED)

2021 OCT 14 AM 1: 33

ARTICLE IV-

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

AMBR  ACTION Solution Drive Rockledge, Fl 32955  AMBR  AMBR  AMBR  ACTION Solution Drive Rockledge, Fl 32955  AMBR  AMBR  ACTION Solution Drive Rockledge, Fl 32955  AMBR  AMBR  ACTION Solution  AMBR  AMBR  ACTION Solution  AMBR  AMBR  ACTION Solution  AMBR  ACTION ALL  ACTION Solution  ACTION ALL  ACTION Solution  ACTION ALL	se attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  (OPTION	<u>Title:</u> "AMBR" = Authorized Memb	
AMBR    Natisha Young   1653 Outinn Drive   Rockledge, Fl 32955	MBR    Natistic Young   1653 Quint Drive   Rockledge, Fl 32955		ber
AMBR    Jeremy Johnson   415 E. Pine Nircet, Apt 1406	se attachment if necessary)  V: Effective date, if other than the date of filing:  V: Effective date, if other than the date of filing:  V: Effective date, if other than the date of filing:  V: Effective date, if other than the date of filing:  V: Effective date, if other than the date of filing:  V: Effective date, if other than the date of filing:  V: Effective date, if other than the date of filing:  V: Effective date, if other than the date of filing:  V: Other provisions days prior to or 90 filing.  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordarge 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.  Natasha Young  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$5 30.00 Certified Copy (Optional)  \$5.00 Certified Copy (Optional)	"MGR" = Manager	
AMBR  Jeremy Johnson 415 E. Pine Street, Apt 1406 Orlando, Fl. 32801  Ev: Effective date, if other than the date of filing:  (OPTIONAL)  retive date is listed, the date must be specific and cannot be more than five business days prior to or 90  filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  EVI: Other provisions, if any.  REOUIRED 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.  Natasha Young  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)  \$5.00 Certificate of Status (Optional)	Se attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  V: Effective date, if other than the date of filing:  (ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  e date inserted in this block does not meet the applicable statutory filing requirements, this date will not nt's effective date on the Department of State's records.  VI: Other provisions, if any.  FOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordarge/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.  Natusha Young  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$5 30.00 Certified Copy (Optional)	AMBR	Natasha Young
AMBR    Jeremy Johnson   415 E. Pine Street, Apt 1406   Orlando, FL 32801	se attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 iling.)  V: Other provisions, if any.  FOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordarge, 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.  Natasha Young  Typed or printed name of signee  Filling Fees:  S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent  S 30.00 Certified Copy (Optional)  S 5.00 Certificate of Status (Optional)	_ <del></del>	Rockledge, Fl 32955
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