

**L2 10004 SS 153**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

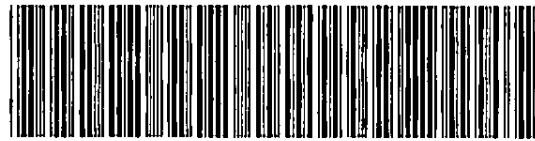
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

OCT 20 2021

F. SCOTT



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10/15/21--01033--024 \*\*125.00

2021 OCT 15 AM 8:38

Recovery Bikes, LLC  
1625 NW 1<sup>st</sup> Ave  
Boca Raton, FL 33432

October 12, 2021

Division of Corporations  
New Filing Section  
PO Box 6327  
Tallahassee, FL 32314

Re: Reinstatement Intent Letter

To Whom it May Concern:

This letter is to notify Department of State that Recovery Bikes, LLC, Document Number L17000171189, is not going to reinstate their limited liability company.

Recovery Bikes, LLC is releasing the name of the corporation to the new corporation whose Articles of Incorporation are attached.

Please contact me if there are any questions or concerns.

Thank you for your time,



Sarah Mootoo  
Managing Member

**COVER LETTER**

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

**SUBJECT:** RECOVERY BIKES, 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:

SARAH MOOTOO  
Name of Person

RECOVERY BIKES, LLC  
Firm/Company

1625 NW 1ST AVE  
Address

BOCA RATON, FL 33432  
City/State and Zip Code

CHILSMAN75@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARAH MOOTOO      561      376-6097  
Name of Person      at (      )      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RECOVERY BIKES, 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:

Mailing Address:

1625 NW 1ST AVE

SAME

BOCA RATON, FL 33432

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:

HILSMAN ACCOUNTING AND TAX SERVICE, INC<sup>5</sup>

Name

33 SW 12TH TER

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

BOCA RATON

FL

33486

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 (REQUIRED)

(CONTINUED)

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**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

SARAH MOOTOO  
1625 NW 1ST AVE  
BOCA RATON, FL 33432

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/12/2021. (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.

N/A

**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.

SARAH MOOTOO

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)