Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all gages of the document.

Electronic Filing Cover Sheet

(((H18000088377 3)))



H180000883773AEC9

			
To:			
	Division of Corporations Fax Number : (850)617-6383		
	. (020)017-0383		
From:			
	Account Name : TRIAD PROFESSIONAL SE Account Number : I20160000008	RVICES	
	Phone : (850)777-2091		
	Fax Number : (770)220-1943		
	Enter the email address for this busines annual report mailings. Enter only or Email Address:	n∈ amail address please	.**
	Foreign Limited Liabili	ity Company	. * *
	Email Address:	ity Company	- 18 MAR 28 AM
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STATE RATION: .08!!?	Forcign Limited Liabili SANTA CRUZ BICY Certificate of Status Certified Copy	ity Company CLES, LLC	- 18 18 28 AH 9:

Electronic Filing Menu

Corporate Filing Menu

Help

Y SULKER

MAR 2 1 2018

		, Cd	OVER LETTER		•
TO: Regi	stration Section ion of Corporati	D92.5			
SUBJECT:	SANTA CRUZ B	CYCLES, LLC			
_		Name o	Limited Liability	Company	
The enclosed Existence, and	'Application by Fo check are submit	oreign Limited Liability Conted to register the above refe	npany for Authoriza renced foreign limi	ation to Ti ited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florid
Please return a	ill correspondence	concerning this matter to th	c following:		
	Jennifer Parks	•			ļ :
		}	Varne of Derson		
	TRIAD Profe	ssional Services			
		1	irm/Company		
	1720 Windwa	nd Concourse, Ste 390			
			Address		
	Alpharetta, Ga	A 30005			J
		City/	State and Zip Code		
	jbaden@triadpo	os.com			
		E-mail address: (to be use	d for future annual	report no	tification)
For further info	mation concernia	ng this matter, please call:			'
Jenni	fer Parks		770 st (777-20	91
	Name	of Connect Person	Area Code	Day	time Telephone Number
Divisi Regist P.O. B	ING ADDRESS: on of Corporation ration Section lox 6327 assec, FL 32314		esett.	Division Registrat Clifton B 2661 Exc	F ADDRESS: of Corporations ion Section suilding coutive Center Circle see, FL 32301
Enclosed is a ch □ \$12	neck for the follow 5.00 Filing Fee	ring amount: © \$130.00 Filing Fee & Certificate of Status	El \$155.00 Filin	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

(((H180000883773)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SANTA CRUZ BIC	CLESTIII.			
(m Umited (1951) in Company and the latest	7		
	gn Limited Liability Company, must include "Lir	mated Liability C. stapsiny," "L.L.C.," or "	LC.)	
ane wasvelleble, enter alternae	s means adopted for the purpose of transacting business to	Florida The abovine		
JALIFORNIA			end List-Kity Company," "L.L.C." or "U	
(Jariadiction under the law of	which foreign limited liability company is organized	. 3	I number, if applicable)	
02/25/2018		·	, , , , , , , , , , , , , , ,	
	(Date first transacted business in Flance, if prior (See socious 605,0906 & 605,0905, F.S. to date	f to registration.)		
2841 MISSION ST	the section on their a sections, 1.7. to the			
(Street Address of Francipal Office)		6. 8.7 GESSNER RD STE 950		
SANTA CRUZ CA 9	5060	HOUSTON TX 77024	<u>-</u> :	
	 		. ; 0	
Name and street addn	ess of Florida registered agent: (P.O. B	ox NOT acceptable)	Ţ.	
Name:	NRAI Services, Inc.		., ~	
1401ft¢.				
	1200 South Pine Island Road		-	
Office Address:	1944 CORG 1 INC 1918HI KORU			
Office Address:	Plantation			
stored agent's acce ing been named as r mated in this applic mply with the provi	Plantation (cby) ptance: registered agent and to accept service of atton, I hereby accept the appointment sions of all statutes relative to the prop- ns of my position as registered agent.	f process for the above stated time	sited liability compan) at the	
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(((H180000883773)))

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SANTA CRUZ BICYCLES, LLC

FILE NUMBER:

201518110422

FORMATION DATE:

06/30/2015

TYPE:
JURISDICTION:

DOMESTIC LIMITED LIABILITY COMPANY

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 14, 2018.

ALEX PADILLA Secretary of State