

M21000008858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

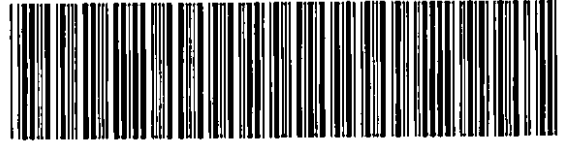
(Business Entity Name)

(Document Number)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07-13-2021

NAME: RUKUS CYCLE FRANCHISING. LLC

TYPE OF FILING: APPLICATION FOR AUTHORITY

COST: 160.00

RETURN: GOOD STANDING & CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

File 2nd

RUKUS CYCLE FRANCHISING, LLC

300 North New York Avenue, Suite 1536
Winter Park, FL 32790

July 13, 2021

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Re: Rukus Cycle Franchising, LLC


Dear Sir or Madam:

Please allow this letter to serve as consent for Rukus Cycle Franchising, LLC, a Georgia limited liability company, to use the name "Rukus Cycle Franchising, LLC" in Florida in connection with the Georgia company's Application for Authorization to Transact Business in Florida. The two companies are affiliates.

Thank you.

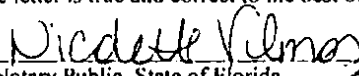
Sincerely,

Rukus Cycle Franchising, LLC, a Georgia
limited liability company

By: 
Name: Joe Wheeler
Title: Manager / CEO

STATE OF FLORIDA
COUNTY OF ORANGE

Before me, the undersigned authority, on this 13th day of July, 2021, personally appeared Joe Wheeler, Manager/CEO of Rukus Cycle Franchising, LLC, who is personally known to me and being first duly sworn, says that he is authorized to execute this Letter of Consent on behalf of Rukus Cycle Franchising, LLC, that he has read the letter and that the letter is true and correct to the best of his knowledge and belief.


Notary Public, State of Florida

Nicolette Vilmos
Printed or typed name



NICOLETTE VILMOS
Commission # GG 188307
Expires January 18, 2022
Bonded Two Budget Notary Services

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rukus Cycle Franchising, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nicolette Corso Vilmos

Name of Person

Nelson Mullins

Firm/Company

390 N. Orange Avenue, Suite 1400

Address

Orlando, Florida 32801

City/State and Zip Code

joe@gocyclenow.com

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

For further information concerning this matter, please call:

Nicolette Corso Vilmos

Name of Contact Person

407

at (_____) _____

Area Code

839-4233

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Rukus Cycle Franchising, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Georgia

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

82-2255321

(FEI number, if applicable)

4.

10/15/18

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

300 North New York Avenue, Ste 1536

5. (Street Address of Principal Office)

Winter Park, FL 32790

6.

300 North New York Avenue, Ste 1536

(Mailing Address)

Winter Park, FL 32790

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Joe Wheeler

Office Address:

300 North New York Avenue Ste 1536

Winter Park

(City)

, Florida

32790

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Joe Wheeler		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	300 North New York		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		# 1534 Wink Park Pl 32790		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Joe Wheeler

Typed or printed name of signer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Rukus Cycle Franchising, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 21668004
Date Inc/Auth/Filed: 07/13/2017
Jurisdiction : Georgia
Print Date : 07/13/2021
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State