M23000012554

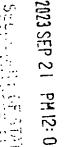
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



600415972246

09/21/23--01034--010 +*125.00





COVER LETTER

.

TO:	Registration Section Division of Corporations	i	
CHDIO	Serial 1 Cycle Company, LLC		
30001	Name	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florida	
Please	return all correspondence concerning this matter to	o the following:	
	Daniel Del Aguila		
	Name of Person		
	Serial 1 Cycle Company, LLC		
	Firm/Company		
	601 Fairway Drive		
	Address		
	Deerfield Beach, FL 33441 City/State and Zip Code		
	daniel@life.bike		
	E-mail address: (to be	used for future annual report notification)	
For fur	ther information concerning this matter, please cal	l:	
	Philip D. Fortenza	732 741-3900	
	Name of Contact Person	at ()	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee. FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee. FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP. \$\Bigsim \text{\$130.00 Filing Fee} \text{\$Certificate o} \text{\$Certificate o} \text{\$130.00 Filing Fee} \text{\$Certificate o} \text{\$Certificate o} \text{\$Certificate o} \text{\$Certificate o} \text{\$Certificate o} \text{\$Certificate o} \text{\$Certificate o}	e & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate	

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; Serial 1 Cycle Company, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LEC.") (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.") 85-2860148 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) August 1, 2023 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 601 Fairway Drive (Street Address of Principal Office) (Mailing Address) Deerfield Beach FL 33441 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Peter Berkman Name: 5230 Land O Lakes Blvd. Ste 431 Office Address: Land O Lakes FL 34639 (City) 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Life Electric Vehicles, Inc. Bike Lane Holdings LP □Manager □Manager Address: _ _ 601 Fairway Drive Address: \ ■ Member ■Member Deerfield Beach, FL 33441 Lehi, UT 84043 □ Authorized □ Authorized Person Person ☐Other___ □Other____ □Other____ □Other Name: □Manager □Manager □Member Address: _____ Address: □Member ☐ Authorized □ Authorized Person Person ☐Other____ Director □Other " □Other_____ Other____ □Manager Name: □Manager Name: ☐ Mcmber Address: □Member Address: ☐ Authorized □ Authorized Person Person Other__ □Other □Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Daniel Del Aguila



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SERIAL 1 CYCLE COMPANY, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SERIAL 1 CYCLE COMPANY, LLC" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203692540

Date: 07-06-23

3412058 8300 SR# 20232934891