PH00056895

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	9 #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		





700261808967

06/30/14 - 01024 - -008 **78.75

TILED

14 JUN 30 PM 2: 11

ALLAHASSEE FLORIDA

mD 7/2

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: B	EACH BIKES O	F AMELIA	INC
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	d a check for:
S70.00 Filing Fee	• •	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
		e (Printed or typed)	
-	1417 SADKIL	Address	
-	Fernandina BE,	State & Zip	1634
-	964-237-222	elephone number	· · · · · · · · · · · · · · · · · · ·
_	JLAFEARECOM	cost. Net	
	E-mail address: (to be use	d for future annual report	поинсацоп)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corp	oration shall be: BEACK BIKE	s of A	malib	INC
	RINCIPAL OFFICE			
0.45	Principal street address	N	Mailing address,	if different is:
96305 M	ANSH HON 1CO	141	1 5Adle	er NJ # 124
Gernandil	ANSH HON Rd NA BEACH, AL 32034	Fear	AndirA	BEAD 3L
,		,		32034
ARTICLE III P	JRPOSE			Ass. 1
	th the corporation is organized is:			
RENT 1	ECREPTIONAL BOACK	bikes		Z Z
				SER O
· · · · · · · · · · · · · · · · · · ·				
				\$ 2
				bur.
	· · · · · · · · · · · · · · · · · · ·			
RTICLE V II	itle: John HA GAL (President Phase A)	RS Name and Titles	Juga. In	J Lafear
Address	96305 ABASL HEN NJ	Address: _	VICe F	hes. dert
	GUNANCIM BOAL 7L	•	96305 1	MAISL HEN Rd
	32034		GIVING	M Roach 3L
			<u> </u>	320
Name and Ti	tle:	Name and Title:		^
			Δ/1	
Address	$-N_{0}$	Address: _	$-\omega_{\parallel}$	₩
			·	
Name and Ti	tle:	Name and Title:	n 1	_
	A/ID			1
Address	-W/10	Address:		\mathcal{I} ———
				

Name and Title:	Name and Title: Address:	MA
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Soho La Fear Address: [1417] FADIN LD, # 16 FOLKONDIA IN BUILT 3		14 JUN 30 PH 2: 11 SECRETARY OF STATE FALLAHASSEE, FLORIDA
Name: Sohn A CEAN Address: 1417 SDOLL AD # Learner dina But H	724 32034	
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as registered Signature/Registered Agent I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon Required Signature/Incorporator	gistered agent and agree	to act in this capacity 6/26/19 Date the false information submitted in a