

# P19000065205

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2019 AUG 15 AM 11:09  
SECRETARY OF STATE  
ALABAMA STATE CAPITOL

# COVER LETTER

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

**SUBJECT:** CYCLEWORKS USA, INC  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** MARCELLO RODRIGUEZ  
Name (Printed or typed)

3980 OAKS CLUBHOUSE DR APT 411  
Address

POMPANO BEACH FL 33069  
City, State & Zip

(561) 704 3907  
Daytime Telephone number

druiztaxservice@hotmail.com  
E-mail address: (to be used for future annual report notification)

**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)

**ARTICLE I NAME** CYCLEWORKS USA, INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3980 OAKS CLUBHOUSE DR APT 411  
POMPANO BEACH FL 33069

Mailing address, if different is:  
3980 OAKS CLUBHOUSE DR APT 411  
POMPANO BEACH FL 33069

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS / ACTIVITY PERMITTED IN THE STATE OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (ONE HUNDRED)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARCELLO RODRIGUEZ - President  
Address: 3980 OAKS CLUBHOUSE DR APT 411  
POMPANO BEACH FL 33069

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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2019 AUG 15 AM 11:09  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
POMPANO BEACH, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: MARCELLO RODRIGUEZ  
 Address: 3980 OAKS CLUBHOUSE DR APT 411  
POMPANO BEACH FL 33069

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 2019 AUG 15 AM 11:09  
 CLERK OF COURT  
 COUNTY OF BROWARD  
 FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MARCELLO RODRIGUEZ  
 Address: 3980 OAKS CLUBHOUSE DR APT 411  
POMPANO BEACH FL 33069

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/12/2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the 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.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Marcello Rodriguez*  
 Required Signature/Registered Agent

08/12/2019  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

*Marcello Rodriguez*  
 Required Signature/Incorporator

08/12/2019  
 Date