STATE OF NEW MEXICO
**MAGGIE TOULOUSE OLIVER**
SECRETARY OF STATE

July 27, 2026

cycleaddons LLC
1209 MOUNTAIN ROAD PL NE
STE N
ALBUQUERQUE, NM 87110

Re: 3265919

Entity ID: 0008115685

Filing Type: Business Formation

**Notice of Filing Approval**

Thank you for submitting your business filing to the New Mexico Secretary of State. Your filing has been approved.

The business filing history, correspondence and applicable certificates are available on the SOS Enterprise site under **My Business Work Queue** at **https://enterprise.sos.nm.gov/**. You must be logged in to review your work queue.

Please review any reporting requirements to the Secretary of State that your business may be subject to. ***If your business status is "Pending Initial Report," you must file an initial report within 30 days of this letter.***

You are encouraged to visit the NM Business Portal at https://biz.nm.gov to learn more about business planning, initiation, and licensing information for business owners in the State of New Mexico.

If you have any questions, please contact the Business services Division at (505) 827-3600 or toll free at 1(800) 477-3632.

# STATE OF NEW MEXICO

# OFFICE OF THE SECRETARY OF STATE

## Certificate of Organization

*The undersigned Secretary of State for the State of New Mexico has hereby registered and granted authority to transact business in the state of New Mexico to*

***cycleaddons LLC***

***0008115685***

***Domestic Limited Liability Company***

*This entity is subject to and governed by Chapter 53, Article 19 NMSA 1978 "Limited Liability Company Act".*

*Effective in the State of New Mexico on July 09, 2026*

Maggie Toulouse Oliver

MAGGIE TOULOUSE OLIVER

Secretary of State

3265919

# STATE OF NEW MEXICO
*Secretary of State*
325 Don Gaspar, Suite 300
Santa Fe, New Mexico 87501

## ARTICLES OF ORGANIZATION - DOMESTIC LLC
Non-Refundable Application Fee: $50.00

**New Mexico Secretary of State**

**-FILED-**

File #: 3265919
Date Filed: 7/9/2026

Name of the Organization

| | |
|---|---|
| Limited Liability Company Name | cycleaddons LLC |
| Is the name proposed to do business in New Mexico different than the registered LLC name? | No |

Business Address and Contact Information

**Principal Place of Business Address**

| | |
|---|---|
| Principal Place of Business Address | 1209 Mountain Road Pl Ne<br>Ste N<br>Albuquerque, NM 87110 |

**Business Mailing Address**

| | |
|---|---|
| Mailing Address | 1209 Mountain Road Pl Ne<br>Ste N<br>Albuquerque, NM 87110 |

**The name and address of the initial registered agent of the business is:**

| | |
|---|---|
| Registered Agent | NORTHWEST REGISTERED AGENT, INC. (4221701BA)<br>Non-Commercial Agent<br>Address<br>1209 MOUNTAIN ROAD PL NE, STE N, ALBUQUERQUE, NM 87110<br>Mailing Address<br>1209 MOUNTAIN ROAD PL NE, STE N, ALBUQUERQUE, NM 87110 |
| Formation Locale | New Mexico |

Registered Agent Certification

☒ I certify the above individual/company has agreed to serve as the Registered Agent for service of process for this entity.

| | |
|---|---|
| The duration of the Company is: | Perpetual |

Purpose Statement

**The purpose for which the company is organized:**

generic business purpose

Statement of Management Status

☐ The Limited Liability Company is managed or under the authority of a Manager(s).

☒ The Limited Liability Company may carry on its business and affairs as a single member limited liability company

Additional Articles

**No additional articles stated.**

Act Information - For SOS Use Only

| | |
|---|---|
| Act Formed Under | Chapter 53, Article 19 NMSA 1978 "Limited Liability Company Act". |

Filing Effective Date

| | |
|---|---|
| The formation of the LLC will be effective | When filed by the Secretary of State. |

Attestations

☒ I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I enter it into the system.

☒ I have been authorized by the business entity to file this document online.

☒ I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

Organizer(s)

| Title | Name of individual or organization | Address |
|---|---|---|
| Organizer | Nat Smith | 1209 MOUNTAIN ROAD PL NE<br>STE N<br>ALBUQUERQUE, NM 87110 |

| *Authorized Agent* | *Nat Smith* | *07/09/2026* |
|---|---|---|
| Signer's Capacity | On behalf of Nat Smith | Date |

# Statement of Acceptance of Appointment as Registered Agent

I acknowledge that I have been appointed as registered agent for:

Name of business as registered: cycleaddons LLC

I have been appointed as registered agent (select one option only):

☐ In my individual capacity.

**OR**

☒ As a representative of an organization as registered agent.

Name of Organization: NORTHWEST REGISTERED AGENT, INC.

NM Business ID: 4221701

I hereby accept the appointment as registered agent this 9 day of July, 2026.

Signature of individual or as organization representative: Taylor Newman

Printed Name: Taylor Newman