

# F9500005422

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
JAN 11 1984

SUBJECT: Wheel Happy, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

W-95-21441

Robert C. DeLisle  
(Name of Person)

Wheel Happy, Inc.  
(Firm/Company)

8 South Water Street, P.O. Box 657  
(Address)

Edgartown, MA 02539  
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Robert C. DeLisle at ( 508 ) 627-3019  
(Name of Person) (Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 27, 1995

ROBERT C. DELISLE  
WHEEL HAPPY, INC.  
8 SOUTH WATER STREET, P.O. BOX 657  
EDGARTOWN, MA 02539

SUBJECT: WHEEL HAPPY, INC.  
Ref. Number: W95000021441

We have received your document for WHEEL HAPPY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The address in block 7 is the address this Division will use to send you annual reports and other correspondence. Please indicate which address you would like us to use.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers  
Document Examiner

Letter Number: 295A00048352

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. Wheel Happy, Inc  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Massachusetts  
(State or country under the law of which it is incorporated)

3. 043240038  
(FEL number, if applicable)

4. July 11, 1994  
(Date of Incorporation)

5. perpetual  
(Duration: Year corp. will cease to exist or "perpetual")

6. upon incorporation  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. Florida - Wheel Happy, Inc Box 30115041 Indian Lake Shores, FL 33920  
171 Wheel Happy, Inc Box 651 West Melbourne, FL 32901  
(Current mailing address)

8. rental and storage  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: PAUL M. McARTHUR

Office Address: 1492 CAPTAIN DRIVE

CAPIVIA ISLAND, Florida, 33924  
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Paul M. McArthur  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12 Names and addresses of officers and/or directors (Street address ONLY- P. O. Box NOT acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Robert C. DeLisle

Address: 65 Anthiers Way, Box 657

Edgartown, MA 02539

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Robert C. DeLisle

Address: 65 Anthiers Way, Box 657

Edgartown, MA 02539

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Linda DeLisle

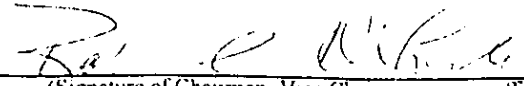
Address: 65 Anthiers Way, Box 657

Edgartown, MA 02539

Treasurer: Robert C. DeLisle

Address: 65 Anthiers Way, Box 657 Edgartown, MA 02539

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert C. DeLisle, President

(Typed or printed name and capacity of person signing application)



William Francis Galvin  
Secretary of the  
Commonwealth

# *The Commonwealth of Massachusetts*

*Secretary of the Commonwealth*

*State House, Boston, Massachusetts 02133*

September 26, 1995

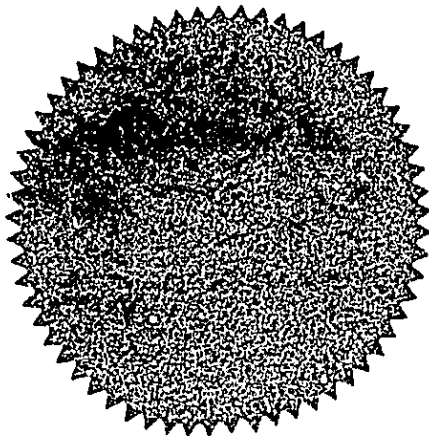
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

**Wheel Happy, Inc.**

is a domestic corporation organized on **July 11, 1994**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporations dissolutions; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

\* This is not a tax clearance. Certificates certifying that all taxes due and payable by the corporation have been paid or provided for are issued by the Department of Revenue.