

W03 000046330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

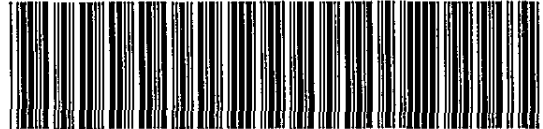
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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TALAHASSEE, FLORIDA

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W03-46330

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## All Pro by Wheaton's LLC

*Thank you for the opportunity to serve your decorating needs.*

**10904 Belmont Drive  
New Port Richey, Florida 34654  
727-859-0055  
Fax 727-859-0056**

Thursday, November 13, 2003

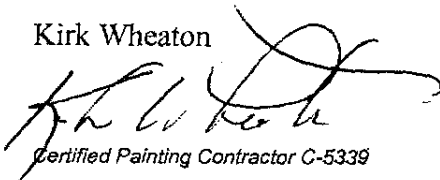
**Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314**

Ladies and Gentlemen:

Please find enclosed ARTICLES FOR ORANIZATION FOR LIMITED LIABILITY CORPORATION along with a check in the amount of \$125.00 for the prescribed fees.

Should there be any other needed items to complete this process please notify me at your earliest convenience.

Kirk Wheaton



Certified Painting Contractor C-5339

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** All Pro by Wheaton's LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kirk Wheaton  
(Name of Person)

All Pro by Wheaton's LLC  
(Firm/Company)

10904 Belmont Drive  
(Address)

New Port Richey, Florida 34654  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kirk Wheaton at ( 727 ) 859-0055  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

All Pro by Wheaton's LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

10904 Belmont Drive

New Port Richey

Florida 34654

**Mailing Address:**

10904 Belmont Drive

New Port Richey

Florida 34654

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Kirk Wheaton

Name

10904 Belmont Drive

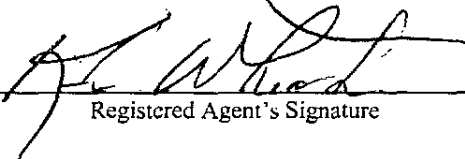
Florida street address (P.O. Box **NOT** acceptable)

New Port Richey

FLORIDA 34654

City, State, and Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Kirk Wheaton

10904 Belmont Drive

New Port Richey, Florida 34654

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kirk Wheaton

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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