

L040000 56335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

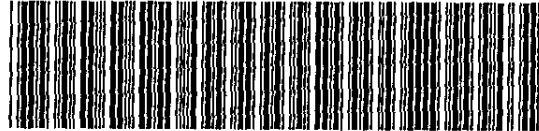
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100039181081

07/26/04--01066--029 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 26 PM 3:16

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas F. Wheeler, 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:

C.M. LYBRAND
(Name of Person)

(Firm/Company)

728 W Canal St
(Address)

New Smyrna Beach, FL 32168-6903
(City/State and Zip Code)

For further information concerning this matter, please call:

CYNTHIA LYBRAND at (386) 428-2315
(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

04 JUL 26 PM 3:16
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION
Of
THOMAS F WHEELER, L.L.C.**

The undersigned, natural person(s) competent to contract, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company is:

THOMAS F WHEELER, L.L.C.

ARTICLE II - EFFECTIVE DATE AND DURATION

These Articles of Organization shall be effective immediately upon approval of the Secretary of State of the State of Florida. This company shall exist perpetually, or until dissolved in a manner provided by law, or as provided in the Regulations adopted by the member(s).

ARTICLE III - PURPOSE

This company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States of America and the State of Florida.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the Company is:

Name	Thomas F. Wheeler, L.L.C.
Address	P.O. Box 2253
City/State	New Smyrna Beach, FL 32170-2253

The name and street address of the Initial Registered Agent of this Company is:

Name	Thomas F. Wheeler
Address	4007 S Atlantic Avenue
City/State	New Smyrna Beach, FL 32169

04 JUL 26 PM 3:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE V - MANAGER(S) OR MANAGING MEMBER(S):

The names and addresses of the initial Manager(s), and/or Managing Member(s), of the company are as follows:

Name	Thomas F. Wheeler
Title	Managing Member
Address	4007 S Atlantic Avenue
City/State	New Smyrna Beach, FL 32169

ARTICLE VI - RESTRICTIONS ON MEMBERSHIP

No additional member(s) shall be admitted to the Company except with consent of the Managing Member(s) of the Company and upon such terms and conditions as shall be determined by the Managing Member(s). A member may transfer his or her interest in the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other member(s) of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent. Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company, the remaining Managing Member(s) shall have the right to continue the business upon unanimous consent of such remaining Managing Member(s).

IN WITNESS WHEREOF, the undersigned member(s) have executed these Articles of Organization on this 21st day of JULY, 2004


Thomas F. Wheeler

STATE OF FLORIDA

COUNTY OF VOLUSIA

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Thomas F. Wheeler Form of Identification: FL DR. LIC. W460-826-67-08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 26 PM 3:18

Who is (are) known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation,

and that I relied upon the form(s) of identification of the above named person(s) as indicated opposite each name. WITNESS my hand and official seal in the County and State last aforesaid this 21st day of July, 2004.

Rubber Notary Stamp Seal



Cynthia M. Lybrand
MY COMMISSION # DD306279 EXPIRES
April 4, 2008
BONDED THRU TROY FAIN INSURANCE, INC

Cynthia M. Lybrand
Notary Public

CYNTHIA M. LYBRAND
Printed Name of Notary

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 26 PM 3:16

**CERTIFICATE AND ACKNOWLEDGMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF
THOMAS F WHEELER, L.L.C.**

Pursuant to Florida Statutes, the following is submitted:

The above company, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Organization at:

THOMAS F WHEELER, L.L.C.
4007 S Atlantic Avenue
New Smyrna Beach, FL 32169

has named Thomas F. Wheeler, located at:

4007 S Atlantic Avenue
New Smyrna Beach, FL 32169

as it's registered agent to accept service of process within this state.

ACKNOWLEDGMENT

Having been named as Registered Agent to accept service of process for the above stated company at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


Thomas F. Wheeler
Registered Agent

04 JUL 26 PM 3:16
SECRETARY OF STATE
DIVISION OF CORPORATIONS