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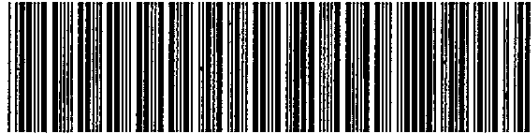
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

**TRANSMITTAL LETTER**

**To:** Registration Section  
Division of Corporations

**Subject:** Wheeler Glass, 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:

Joyce A. Tucker, CPA  
(Name of Person)

Destin Accounting Service, LLC  
(Firm/Company)

1234 Airport Road #118  
(Address)

Destin, FL 32541  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joyce A. Tucker, CPA at 850-654-9235  
(Name of Person) (Area Code & Daytime Phone 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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AND  
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is: Wheeler Glass, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

955 Airport Road #423  
Destin, FL 32541

**Mailing Address:**

955 Airport Road #423  
Destin, FL 32541

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature**

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

Thomas D. Wheeler  
Name

955 Airport Road #423  
Florida street address (P.O. Box NOT acceptable)

Destin, FL 32541  
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 registered agent as provided for in Chapter 608, Florida Statutes..*

Thomas D. Wheeler  
Registered Agent's Signature

(CONTINUED)

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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:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

**Name and Address:**

"MGR" -- Manager

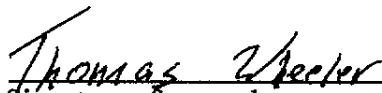
"MGRM" -- Managing Member

MGRM

Thomas D. Wheeler  
955 Airport Road #423  
Destin, FL 32541

**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.)

Thomas D. Wheeler

Typed or printed name of signee