#1/1000/34434

(Requestor's Name)			
(Address)			
,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Chity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE
TAIL ANARCES FLORING

K.SALY EXAMINER NOV 2 9 2011

COVER LETTER

10: Registration Section Division of Corporations			
SUBJECT: WEDDIN	IG WHEELS	LLC.	
	Name of Limited Liabil	ity Company	
The enclosed Articles of Organization	on and fee(s) are submitted	1 for filing.	
Please return all correspondence co	ncerning this matter to the	following:	
	LOGAA Name of	DEVRIES Person	
	WEDDING Firm/Co	WHEELS, //	
	400 NAVA	RRE ST.	
	GULF BREEZ City/State an	E, FL. 3256	
LDE E-mail a	VRIES @ naiddress: (to be used for future	halford, com	
For further information concerning	this matter, please call:		
Name of Person	at (Area Code & Daytime Telep	hone Number
Enclosed is a check for the follo \$125.00 Filing Fee \$130.00 Certific	Filing Fee & \$155 ate of Status Cert	5.00 Filing Fee & tified Copy tional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE
WEDDING WHEELS UL (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
400 NAVARRE ST. GULF BREEZE, PL: 32561	400 NAVARRE ST. GULF BREEZE, FL. 32561
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
<u>ZOSAN JEVI</u> Name	OES P
400 NAVARRE ST Florida street addr	ress (P.O. Box NOT acceptable)
GULF BREEZE, City, Stat	FL 32561 758 75 75 75 75 75 75 75 75 75 75 75 75 75
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.
lagan Dellace	4 (DECLUDED)
Registered Agent's Signatu	ITC (KEQUIKED)

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	GINGER DEVRIES 400 NAVARRE ST. GULF BREEZE, FL. 3256
	ate of filing: $0/0/2012$. (OPTIONAL) pecific and cannot be more than five business days prior
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)