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| (Request | or's Name) | |
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| (Address |) | |
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| (Address |) | |
| (City/Sta | te/Zip/Phone #) | |
| , (City/Stal | e/Zip/Prione #) | |
| PICK-UP |] WAIT | MAIL |
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| (Busines | s Entity Name) | |
| | | |
| (Docume | nt Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Filing | Officer: | |
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Office Use Only



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2014 APR -4 PH I2: 30

"APR 07 2014 D. BRUCE

COVER LETTER

| TO: Registration Division of | on Section Corporations | | | | |
|------------------------------|--|---|---|------------------------------------|----------|
| SUBJECT: WHEE | ELIN CONSTRUCTION Name of Lir | nited Liability Company | | | |
| | es of Organization and fee(s) as | - | | | |
| <u>Joseph</u> | T. Wheelin Jr. | Name of Person | | | |
| <u>Wheelir</u> | Construction | Firm/Company | | | |
| <u>4720 Ku</u> | umquat st. | Address | | | |
| Cocoa/ | FL. 32926 | ity/State and Zip Code | | | . |
| josephwheeling | @yahoo.com E-mail address: (to be used | d for future annual report notifi | cation) | | |
| For further informati | on concerning this matter, plea | ase call: | | | |
| Joseph Wheelin | | 321) 557-3119 | | | |
| | me of Person | Area Code Daytime T | elephone Number | Ph I2: 30 05 STATE 17 LOBIDA | A same |
| \$125.00 Filing Fee | for the following amount: \$\Bigsiz\$ \$\square\$ \$\square\$ \$\square\$ \$\square\$ Certificate of Status | ☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 Filing Certificate of St Certified Copy (additional copy is | tatus & | . بد |
| <u>M</u> : | ailing Address | Street/Courier Ad | dress | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
|--|---|--|--------------------------|----------------|
| WHEELIN CONSTRUCTION LLC (Must end with the words "Limited | Liability Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street address of the principal of | ffice of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 4720 Kumquat st. Cocoa, Fl. 32926 | 4720 Kumquat st. CFocoa, Fl. 32926 | | | |
| ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio The name and the Florida street address of the registered Joseph T. Wheelin Jr. | Registered Agent. You must designate an in- n.) | dividual or | 2014 APR | |
| Name | | | - - | Carrie ar name |
| 4720 Kumquat st. Florida street address (P.O. Box | x <u>NOT</u> acceptable) | 71335 5.10.2 | + PĦ I2: | |
| Cocoa | FL 32926 | LOSIDA STATE | <u>:</u> 30 | E 21. Pare |
| City Having heen named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the object. Chapter | of the appointment as registered agent and agr of all statutes relating to the proper and comp | ability com ree to act in plete perfor | pany at this mance | |

(CONTINUED)

Page 1 of 2

| <u> Title:</u> | Name and Address: |
|---|--|
| "AMBR" = Authorized Member | |
| 'MGR" = Manager | |
| AMBR | Joseph T. Wheelin Jr. |
| | 4720 Kumquat st. |
| | Cocoa, Fi. 32926 |
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| E V: Effective date, if other than the date ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a me | mber or an authorized representative of a member. |
| E V: Effective date, if other than the date ctive date is listed, the date must be spet filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a mei (In accordance with section 60: | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document |
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