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B. BOSTICK
MAY 22-2014
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Whee House Diversified Holdings, 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:
Raimundo Gonzalez Jr.
Name of Person
Firm/Company
10486 Spruce Pine C+
Address
F1 Myers FL 33913 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RaimundoGonzalez at 239,848-5103
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy

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

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO	MPANY	,	
ARTICLE I - Name: The name of the Limited Liability Company is:			
Wheel House Diversified Holding (Must end with the words "Limited Liability Company, "L.L.C.," or	95, "LLC.")	<u>21</u> (
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Com	ipany is:		
Principal Office Address: 10486 SPRUCE FINECT 10486 SPRUE FF Myers F. 33913 FF Myers F.	10eF)) 913	?+
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.)		individu	al or
The name and the Florida street address of the registered agent are: Compared Compa	ent and a r and con	gree to d nplete pe	ect in this erformance
(CONTINUED) Page 1 of 2	grf =	2011 11 11 11 11	
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Title:	Name and Address:
"AMBR" = Authorized Member	0
"MGR" = Manager	Kaimundo Gionzalez Ir.
,,0,,•	10486 SPruce Pine Ct
Some Do S	1-+ Myers FL 339/3
AMBRO	Bamiconzalez
	10486 Spruce Pine C+
	1. mye 13 +1 33713
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(Use attachment if necessary) E V: Effective date, if other than the date of ective date is listed, the date must be specifof filing.) E VI: Other provisions, if any.	filing: (OPTIONAL) Fic and cannot be more than five business days prior to or 9
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