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SECRETARY OF STATE

NUG 19 2014 J. HARRIS

## COVER LETTER

· TO:	Registration Division of (	ı Section Corporations		
SUBJE	CT:	Wheel Frea	K, LLC nited Liability Company	
		Name of Lin	nited Liability Company	
The end	closed Articles	of Organization and fee(s) as	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
		Brent Rea	ed Bardales Name of Person	
			Name of Person	
			Firm/Company	
		950 Bris	ckell Bay Ocive Apt	# 3001
			Address	
		Miami,	Florida 33131 ity/State and Zip Code	
		C	ity/State and Zip Code	
_		E-mail address: (to be used	s @ gma.il. com d for future annual report notifica	ation)
East food	lane (mformant).			
roi iuri	ner mormatio	n concerning this matter, plea	ise cair.	
Bo	ent Reed	Bardales at (	964 614 850 Area Code Daytime Tel	58
	Nan	ne of Person	Area Code Daytime Tel	lephone Number
Enclose	ed is a check fo	or the following amount:	,	
<b>]</b> \$125.00	O Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	B/fai	Sina Adduson	Stungt/Counting 4 ddg	

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Wheel F	reak, LLC
(	Must end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Addre	ess:	
ne mailing address ar	nd street address of the princ	cipal office of the Limited Liability Company is:
incipal Office Add	ress:	Mailing Address:
950 Brickell	Bay Dr.	950 Bookell Bay Dr.
Apt # 3001		950 Brickell Bay Dr. Apt # 3001 Miami, FL 33131
Miami, FL 33	[3]	Miami, FL 33131
	Brent Re	ed Bardales Name
	_ 950 Brickell	Bay Drive Apt#3001
	Florida street address (P.	O. Box <u>NOT</u> acceptable)
	44.	FL 33131 Zip
	/Vliami	FI. 00137
		Name Bay Orive Apt#3001 O. Box NOT acceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

DIVISION OF CORPORATIONS

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<u> Title:</u>	Name and Address:
'AMBR" = Authorized Member	
"MGR" = Manager	0 10 10 11
MGR	Brent Reed Bardales
	Brent Reed Bardales 950 Brickell Bay Orive Apt #300 Miumi, FL 33131
	Miami, FL 33131'
	•
<del></del>	
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EV: Effective date, if other than the ctive date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
(Use attachment if necessary)  E.V: Effective date, if other than the ctive date is listed, the date must be filling.)  E.VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the ctive date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section)	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the ctive date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation of a section of a section constitutes an affirmation of a section	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
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