## 117000 56087

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



200296255202

03/13/17--01029--018 \*\*125.00



MAR 1 3 2017

## **COVER LETTER**

**New Filing Section** 

TO:

| Division of Corporations  |  |  |  |  |  |
|---|--|--|--|--|--|
| SUBJECT: Wheeler Building Crroup  Name of Limited Liability Company  The enclosed Articles of Organization and fee(s) are submitted for filing.   |  |  |  |  |  |
| The enclosed Articles of Organization and fee(s) are submitted for filing.  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |  |
| Michi Lynn WhEELER  |  |  |  |  |  |
| Name of Person  |  |  |  |  |  |
| Wheeler Building Group Firm/Company   |  |  |  |  |  |
| 274 Williams Ditch Road Address   |  |  |  |  |  |
| CARTONNENT FL 32533  City/State and Zip Code  Wheelerbuildinggroup C Valpoo. Com  E-mail address: (to be used for future annual report notification)  |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |
| Steven L. Wheeler at (850) 356-0914  Name of Person Area Code Daytime Telephone Number  |  |  |  |  |  |
| Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$  Certificate of Status \$\ \text{(additional copy is enclosed)}\$\$  \$160.00 Filing Fee, \text{Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ |  |  |  |  |  |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301  |  |  |  |  |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the                    | Limited Liability Company is              | 3:                          |                          |  |
|------------------------------------|---|-----------------------------|--------------------------|--|
| ,                                  | Wheeler                                   | Building                    | (Troup                   | LLC_   |
|                                    | (Must contain the words                   | "Limited Liability Compa    | any, "L.L.C.," or "LLC." | ')   |
| ARTICLE II - A<br>The mailing addr | Address:<br>ess and street address of the | principal office of the Lim | nited Liability Company  | is:  |
|                                    | Principal Office Add                      | dress:                      | Mailing .                | Address:                                       |
| 57                                 | 6 Williams                                | Diten Rd.                   | Same                     | <u>.                                      </u> |
| $\sim$                             |   | ・ ビルタヘモス'                   | <b>-</b>                 |  |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARTICLE I - Name:

Name

A Tla Williams Ditan Rd

Florida street address (P.O. Box NOT acceptable)

Carten Ent, FL 325 33

City State 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 provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| <u>Title:</u> "AMBR" = Authorized Member  | Name and Address:  |  |  |
|---|--|--|--|
| "MGR" = Manager<br>VICKI L. Wheeler   | 276 Williams Ditch Rd<br>CANTONMENT, FL 32533  |  |  |
| Steven L. WhEELER   | 274 williams Pitch Rd<br>Cantonment, FL 32533  |  |  |
|   |  |  |  |
|   |  |  |  |
| the date of filing.)  | d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a  |  |  |
|   |  |  |  |
| REQUIRED SIGNATURE:   | 1. 2 h D   |  |  |
| This document is executed in act I am aware that any false inform constitutes a third degree felony                             | r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S. |  |  |
| Турес   | d or printed name of signee  Filing Fees:  |  |  |
| \$125.00 Filing Fee for Articles of Organizat<br>\$ 30.00 Certified Copy (Optional)<br>\$ 5.00 Certificate of Status (Optional) |  |  |  |

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-