

L18000053961

(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



300309904743

03/05/18--01001--020 **125.00

RECEIVED
DEPARTMENT OF STATE
18 MAR -5 AM 11:40

FILED
2018 MAR -5 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. SAMS
MAR 05 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hale on Wheelz 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:

Troy M Hale

Name of Person

~~4766 Cobblestone Lane~~

Address

4766 Cobblestone Lane

Tallahassee FL 32305

City/State and Zip Code

HaleonWheelz911@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Roberts

Name of Person

at (850)

Area Code

508 2794

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 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)

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hale on Wheelz LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

2010 MAR -5 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4766 Cobblestone Lane
Tallahassee FL
32305

Mailing Address:

Cobblestone Lane
Tallahassee FL
32305

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:

Troy M Hale
Name

4766 Cobblestone Lane
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32305
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..

Troy M Hale
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Ambr

Ambr

MGR

Name and Address:

Troy M Hale
Cobblestone Lane
Tallahassee FL 32305

Amber Roberts
Cobblestone Lane
Tallahassee FL

(Use attachment if necessary)

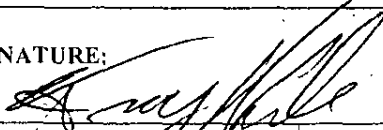
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Troy M Hale
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)

FILED
2010 MAR -5 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA