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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

PH 12: 36

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

## Wheelhouse LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Wheelhouse LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal office of the principal office of the principal office Address:	of the Limited Liability Company is:  Mailing Address:
	· · · · · · · · · · · · · · · · · · ·
2031 Harrison Street	9019 SW 18th Street
	9019 SW 18th Street Miramar, Florida 33025

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

Ricardo Bueso			
	Name		
9019 SW 18th Street	L		
Florida street addres	s (P.O. Box NOT acc	eptable)	
Miramar	Florida	33025	
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)

19 OCT -2 MH ID: 09

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Ricardo Bueso
	9019 SW 18th Street
	Miramar, Florida 33025
	<del></del>
·	
(Use attachment if necessary)	
an effective date is listed, the date must b date of filing.)	date of filing:
FICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Ricardo Bueso
This document is ex I am aware that any	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Ricardo Bue	so .

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)

19 OCT -2 AH 10: 09