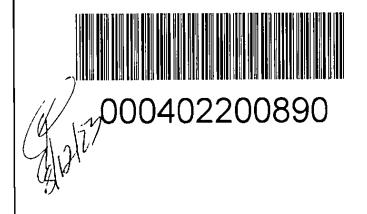
## 123000234644

(Req	uestor's Name)	
(Addı	ress)	
(Addı	ress)	<del></del>
(City)	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
W2300	16 <i>0</i> 282	30/

Office Use Only



and the second second of the second





## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2023

WHEELY EFFECTIVE, LLC 720 18TH PL #3 VERO BEACH, FL 32960

SUBJECT: WHEELY EFFECTIVE, LLC

Ref. Number: W23000028301

RECEIVED

2023 MAY -3 PM 3: 27

2023 MAY -3 PM 3: 27

We have received your document for WHEELY EFFECTIVE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The handwritting is indecipherable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace Regulatory Specialist II

Letter Number: 223A00004860

SECRETARY OF STATE
TALL MASSEL FALE

## **COVER LETTER**

TO: New Filing Section Division of Corporation	s
SUBJECT: Wheely	Name of Limited Liability Company
The enclosed Articles of Organiza	ion and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Shilah !	Dypntwski Name of Person
	State of Telson
	Firm/Company
720.18+	Place #3 Vero Beach, I
	Address
	32960
Shilahski E-mail add	City/State and Zip Code  Company Compa
For further information concerning the	is matter, please call:
Shibah Name of Person	at (772 ) 204   377  Area Code Daytime Telephone Number
Enclosed is a check for the following	g amount:
□\$125.00 Filing Fee □\$130.0	Of Filing Fee & D\$155.00 Filing Fee & D\$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address New Filing Section Division The Centre of Tallahassee  2415 N. Marray Street Solve 200
Mailing Address	Street Address
New Filing Section Division of Corporate	New Filing Section Division rations The Centre of Tallahassee
P.O. Box 6327	29 LO IN. MIGRICOS SUSSEEL SHILLS STATE ST
Tallahassee, FL 3	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  720 18th 9 # 3 VEVO BEACH FL 329160  Mailing Address:  Sum l
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:
120 18th Pl # 3 Vero Boh, FC 32960 Florida street address (P.O. Box NOT acceptable)
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)

ARTICLE IV-

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

1HIP:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMAN	Grillah Syphicusti
<u> </u>	120 18th pt vero brach, ft. 3294
	-110 181 PT VOID BOWNITC. 3/94
	, <u>, , , , , , , , , , , , , , , , , , </u>
	<del></del>
<u></u>	
(Use attachment if necessary)	
•	
cument's effective date on the Department  CLE VI: Other provisions, if any.	Tot state s records.
DE VI. Other provisions, if any.	
REQUIRED SIGNATURES	) /i ( )
	$\mathcal{L} \setminus \{1/b, a, 1/b'\}$
nua	4 youlusei
Signature of a m	dember or an authorized representative of a member.
This document is execu	ated in accordance with section 605.0203 (1) (b), Florida Statutes.
This document is execu I am aware that a <del>ny</del> fals	ated in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State
This document is execu I am aware that a <del>ny</del> fals	ated in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State see follows as provided for in s.817.155, F.S.
This document is execu I am aware that a <del>ny</del> fals	ated in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State see follows as provided for in s.817.155, F.S.
This document is execu I am aware that a <del>ny</del> fals	ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see follows as provided for in s.817.155, F.S.
This document is execu I am aware that any fals	ted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the followy as provided for in s.817.155, F.S.  Typed or printed name of signce
This document is executed an aware that any false constitutes a third degree	ted in accordance with section 605.0203 (1) (b), Florida Statutes. See information submitted in a document to the Department of State see follows as provided for in s.817.155, F.S.  Typed or printed name of signce  Filing Fees:
This document is execular am aware that any fals constitutes a third degree when the constitutes a third degree with the constitutes at the consti	ted in accordance with section 605.0203 (1) (b), Florida Statutes. See information submitted in a document to the Department of State see follows as provided for in s.817.155, F.S.  Typed or printed name of signce  Filing Fees:  rganization and Designation of Registered Agent
This document is executed an aware that any falst constitutes a third degree where the state of	ted in accordance with section 605.0203 (1) (b), Florida Statutes. See information submitted in a document to the Department of State see follows as provided for in s.817.155, F.S.  Typed or printed name of signce  Filing Fees:  rganization and Designation of Registered Agent
This document is executed an aware that any falst constitutes a third degree when the constitutes at the con	Typed or printed name of signce  Filing Fees:  rganization and Designation of Registered Agent  Typed or printed name of Registered Agent  Typed or printed name of Registered Agent  Typed or printed name of Registered Agent
This document is execular am aware that any fals constitutes a third degree where the state of t	ted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see follows as provided for in s.817.155, F.S.  Typed or printed name of signce  Filing Fees:  rganization and Designation of Registered Agent