

L02000002144

Stephanie C. Brown
Requestor's Name

Hoffman & Associates
Address

1075 Lake Forrest Dr.,
City/State/Zip Phone #
Atlanta, GA 30328

ste 200

Office Use Only

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Wells Family L.L.C. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. 102A 00005166 (Corporation Name) (Document #)

02 JAN 22 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/ Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

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****155.00 ****155.00

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 8, 2002

STEPHANIE L. BROWN
HOFFMAN & ASSOCIATES
6075 LAKE FORREST DRIVE, SUITE 200
ATLANTA, GA 30328

SUBJECT: WELLS FAMILY, L.L.C.
Ref. Number: W02000000535

We have received your document for WELLS FAMILY, L.L.C. 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 document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 902A00000874

ARTICLES OF ORGANIZATION
WELLS FAMILY, L.L.C.

A FLORIDA LIMITED LIABILITY COMPANY

The undersigned, acting as organizer of WELLS FAMILY, L.L.C., under Chapter 608, Florida Statutes, adopts the following Articles of Organization:

1. NAME

The name of the Limited Liability Company shall be WELLS FAMILY, L.L.C. (the "Company").

2. PURPOSE

The Company is organized for any legal and lawful purpose pursuant to Chapter 608, Florida Statutes.

3. MANAGEMENT

The management of the Company is vested in one or more managers, and is therefore, a manager-managed Company.

4. PRINCIPAL OFFICE; MAILING ADDRESS

The street address and mailing address of the principal office of the entity is 7805 Gingerbread Lane, Fairfax Station, VA 22039.

5. REGISTERED AGENT; PRINCIPAL OFFICE

The name of the Company's registered agent, registered office and the Company's principal office address are:

Joyce Wells
12 Marsh Point Road
Amelia Island, Florida 30235

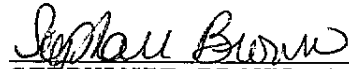
Acceptance of registered agent is attached hereto and incorporated herein by reference.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN 22 PM 4:45

FILED

IN WITNESS WHEREOF, the undersigned has caused these
Articles of Organization to be executed on the 27th day of
December, 2001.



STEPHANIE BROWN, ESQ.
Organizer and Member's Authorized
Representative

WELLS FAMILY, L.L.C.

A FLORIDA LIMITED LIABILITY COMPANY

ACCEPTANCE OF REGISTERED AGENT APPOINTMENT

I, JOYCE WELLS, having been named as registered agent and to accept service of process for the above stated limited liability company at 12 Marsh Point Road, Amelia Island, Florida, 32035, do 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 608, Florida Statutes.

Joyce M. Wells
JOYCE WELLS