

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wellspring Enterprises 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:

Sabrina Metivier
Name of Person

N/A
Firm/Company

7316 Lismore Court
Address

Orlando FL 32835
City/State and Zip Code

abjmet@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabrina Metivier at (386) 334-8587
Name of Person Area Code & 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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

11 MAY -1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Articles of Organization
Of
Wellspring Management Enterprises LLC

Article I

The Name of the Limited Liability Company is:
Wellspring Management Enterprises LLC

Article II

The Street address of the Limited Liability Company is:

7316 Lismore Court
Orlando FL 32835

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The Name and Street Address of the registered agent is:

Frederick Metivier
7316 Lismore Court
Orlando FL 32835

Having been named as registered agent and to accept services 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.

Registered agent signature:



Article V

The name and address of managing members/managers are:

Title: President/Secretary
Sabrina Metivier
7316 Lismore Court
Orlando FL 32835

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY -4 AM 9:05

FILED

Title: Vice President/Treasurer
Frederick Metivier
7316 Lismore Court
Orlando Fl 32835

Article VI

The effective date for this Limited Liability Company shall be:

05/03/2011

Signature of an authorized representative of a member

Signature: 
Sabrina Metivier-President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY -4 AM 9:05



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2011

SABRINA METIVIER
7316 LISMORE COURT
ORLANDO, FL 32835

SUBJECT: WELLSRING ENTERPRISES LLC
Ref. Number: W11000022736

We have received your document for WELLSRING ENTERPRISES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L09000114379,

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 011A00009873