

F05 000004818

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000197466 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

*Please File 2nd
After Audit #
H05000197425
Thanks!
Jimmie*

FOREIGN PROFIT QUALIFICATION

Wells & West, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED
05 AUG 17 PM 3:33
DIVISION OF CORPORATION

2005 AUG 17 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

F05-4818
K

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Wells & West, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina 3. 06-1736219
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 12, 2004 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1268 Andrews Road, Murphy, N. C. 28906
(Principal office address)

- P. O. Box 129, Murphy, N. C. 28906
(Current mailing address)

8. General Contracting
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By: Joan Bolden
(Registered agent's signature)

ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

FD019-24105 CT System Online

2005 AUG 17 AM 9:52
TALLAHASSEE
FLORIDA
STATE
SECRETARY

FILED

A. DIRECTORSChairman: William Roy WellsAddress: P. O. Box 129Murphy, N. C. 28906Vice Chairman: Charles H. West, Jr.Address: P. O. Box 129Murphy, N. C. 28906

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: William Roy WellsAddress: P. O. Box 129Murphy, N. C. 28906

Vice President: _____

Address: _____

Secretary: /Treasurer: Charles H. West, Jr.Address: P. O. Box 129Treasurer: Murphy, N. C. 28906

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. William Roy Wells, President

(Typed or printed name and capacity of person signing application)

2005 AUG 17 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

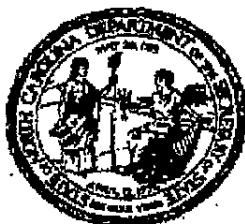
I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

WELLS AND WEST, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 12th day of October, 2004, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

FILED
2005 AUG 17 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of August, 2005

Elaine F. Marshall

Secretary of State