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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:	٦			
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: WellSpring Builders, Inc. Name of corporation - must include suffix				
Dear 311 of Madain.				
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	nding" and check are submitted to register the			
Please return all correspondence concerning this matter	r to the following:			
Steve Francis				
Name of	Person			
WellSpring Builders, Inc.				
Firm/Com	npany			
2525 Perimeter Place Dr. S	uite 129			
Addre	ess			
Nashville, TN 37214				
City/State a	nd Zip code			
asmith@wellspringbuilders.cor	n			
E-mail address: (to be used to	for future annual report notification)			
For further information concerning this matter, please of	call:			
Angela Smith at 615	834-7373			
	Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations	MAILING ADDRESS: New Filing Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Sertified Copy \$87.50 Filing Fee, Certified Copy Certified Copy			

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.

, WellSpri	ing Builders, Inc.		
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"	15
(If name unavails	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting	business in Florida)
, TN	3	20-2297507	
(State or country	under the law of which it is incorporated)	(FEI number, if applic	:able)
4. 02/08	2005 s	, perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to e	exist or "perpetual")
6. UDDN	reaistration		
		in Florida, if prior to registration)	,
2525 Day		1502, F.S., to determine penalty liability	
7. 2525 Per	rimeter Place Dr. Suite		1214
0505 Da	(Principal office ad		7044
2525 Pe	rimeter Place Dr. Suite	·	0/214
	(Current mailing ad	dress)	
。General	Contractor, and legal	ourobse.	
٥.	s) of corporation authorized in home state or o	country to be carried out in state of Flori	da) = 40
Q Name and stree	et address of Florida registered agent: (P	O Box NOT acceptable)	
7. Name and street		.O. Box 1101 acceptatole)	
Name:	InCorp Services, Inc	<u>, </u>	30 SSEEL
Office Address:	17888 67th Court No	rth	73 3 0
	Loxahatchee	, Florida 33470	FLORE
	(City)	(Zip code)	25 DA
10. Registered as	gent'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.

Heather New For InCorp Services, Inc.
(Registered agent's signature)

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: A. DIRECTORS Chairman: __ Vice Chairman: Address: Director: _ Address: __ **B. OFFICERS** 1 President: Scott Patton Address: 4661 Hessey Rd. Mt. Juliet, TN 37122 Vice President: Steve Francis Address: 1025 Tabitha Lane Old Hickory, TN 37138 Secretary: _ Address: __ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Steve Francis - Vice President



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

WELLSPRING BUILDERS, INC

June 6, 2014

STE 129 2525 PERIMETER PLACE DR NASHVILLE, TN 37214-3691

Request Type: Certificate of Existence/Authorization

Issuance Date: 06/06/2014

Request #:

0130030

Copies Requested:

Document Receipt

Receipt #: 1528983

Filing Fee:

\$20.00

Payment-Check/MO - WELLSPRING BUILDERS, INC, NASHVILLE, TN

\$20.00

Regarding:

WELLSPRING BUILDERS, INC.

Filing Type:

Corporation For-Profit - Domestic

Control #:

486937

Formation/Qualification Date: 02/08/2005

Date Formed:

02/08/2005

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Business County: DAVIDSON COUNTY

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

WELLSPRING BUILDERS, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * is delinquent in the payment of one or more of the fees, taxes or penalties owed to the State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of this business.
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State:

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Sheila Keeling

Verification #: 007472329

Phone 615-741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/