

F18000004135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

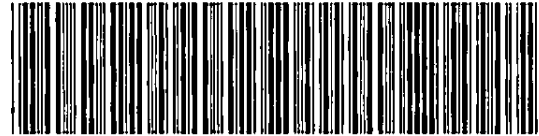
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600316413886

08/07/18--01010--012 **78.75

FILED
2018 SEP -6 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

9/7/18

1

SUBJECT: _____
Name of corporation - must include suffix

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Name of Person
Wells Financial Services, Inc.

Fayetteville, GA 30214

E-mail address: (to be used for future annual report notification)

Travis Wells 678 817-0210
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2018

TRAVIS WELLS
101 DEVANT STREET, SUITE 603
FAYETTEVILLE, GA 30214

SUBJECT: WELLS FINANCIAL SERVICES, INC.
Ref. Number: W18000072601

We have received your document for WELLS FINANCIAL SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 918A00016505

I have the certificate

2018 SEP -6 PM 4:16

**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.*

Wells Financial Services, Inc.

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

WFS Services, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Georgia 82-3547771

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11/15/2017

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
101 Devant Street, Suite 603 Fayetteville, GA 30214

7. _____
(Principal office address)

(Current mailing address, if different)

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

Rhonda Hawkins

Name: _____

177 Trumpco Drive

Office Address: _____

St. Augustine

32092

_____, Florida _____
(City) (Zip code)

9. 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.

Rhonda Hawkins

(Registered agent's signature)

10. 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.

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2018 SEP -6 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

N/A

Chairman: _____

Address: _____

N/A

Vice Chairman: _____

Address: _____

N/A

Director: _____

Address: _____

N/A

Director: _____

Address: _____

B. OFFICERS

Travis Wells

President: _____

101 Devant Street, Suite 603

Address: _____

Fayetteville, GA 30214

Same as President

Vice President: _____

Address: _____

Same as President

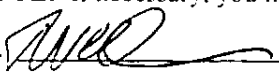
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

Travis Wells, President

13. _____

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

FILED
2018 SEP -6 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Wells Financial Services, Inc.

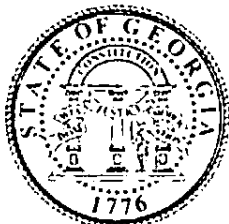
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16115845
Date Inc/Auth/Filed: 11/15/2017
Jurisdiction : Georgia
Print Date : 08/22/2018
Form Number : 211



B. P. Kemp

Brian P. Kemp
Secretary of State