



**TRANSMITTAL LETTER**

FILED

03 DEC -2 PM 4: 01

**TO:** Registration Section  
Division of Corporations

THE FLORIDA STATE  
PAT. DEPT. OF REVENUE, FLORIDA

**SUBJECT:** Wellington Financial Services, 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:

Marcy Katherine Wells  
(Name of Person)

Wellington Financial Services, LLC  
(Firm/Company)

731 E Myers Blvd  
(Address)

Mascotte FL 34753  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy De Meers  
(Name of Person)

at (352) 728-2311  
(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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03 DEC -2 PM 4:01  
STATE  
MASCOTTE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Wellington Financial Services, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

731 E Myers Blvd  
Mascotte, FL 34753

Mailing Address:

731 E Myers Blvd  
Mascotte, FL 34753

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Mary Katherine Wells  
Name

3020 CR 48  
Florida street address (P.O. Box **NOT** acceptable)

Groveland FLORIDA 34736  
City, State, and Zip

*Having been named as registered agent and to accept service 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 as provided for in Chapter 608, Florida Statutes..*

Mary Katherine Wells  
Registered Agent's Signature

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STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

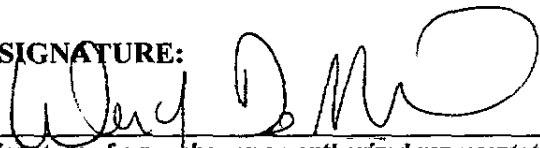
Wendy De Meers  
3020 CR 48  
Groveland, FL 34736

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Wendy De Meers  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)