

L0300005/2/15

03 Dec 2009
STATE
FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

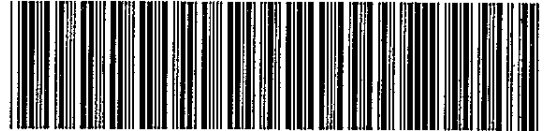
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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03 DEC -2 PM 4: 01

TO: Registration Section
Division of Corporations

THE FLORIDA STATE
PAT. MARSHAL, 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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03 DEC -2 PM 4:01
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:

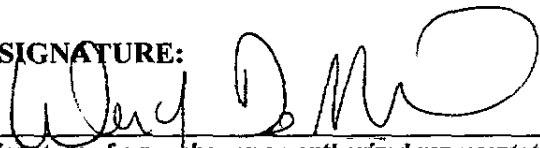
MGR

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)