

**L04000008916**

04 JAN 26 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

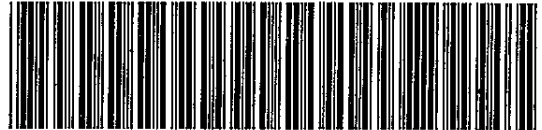
(Document Number)

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Special Instructions to Filing Officer:

W04-2481

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01/14/04--01037---009 \*\*125.00

**AL**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

**FILED**  
04 JAN 26 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 20, 2004

JOEL WELLS  
1449 WELLS RD  
BONIFAY, FL 32425

SUBJECT: JOEL WELLS PAINTING, LLC  
Ref. Number: W04000002481

We have received your document for JOEL WELLS PAINTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 004A00003486

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOEL WELLS PAINTING, LLC  
(Name of Limited Liability Company)

**FILED**  
04 JAN 26 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOEL DENNIS WELLS

(Name of Person)

JOEL WELLS PAINTING, LLC

(Firm/Company)

1449 WELLS RD.

(Address)

BONIFAY, FL 32425

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE THARPE

(Name of Person)

at ( 850 ) 785-4412

(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**

**FILED**  
04 JAN 26 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JOEL WELLS PAINTING, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1449 WELLS RD.

BONIFAY, FL 32425

**Mailing Address:**

1449 WELLS RD.

BONIFAY, FL 32425

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

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

JOEL DENNIS WELLS

Name

1449 WELLS RD.

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

BONIFAY

FLORIDA 32425

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..*

  
\_\_\_\_\_  
Registered Agent's Signature

**FILED**

04 JAN 26 AM 10:14

SECRETARY OF 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:**

MGRM

JOEL DENNIS WELLS

1449 WELLS RD.

BONIFAY, FL 32425

MGRM

JOEL DENNIS WELLS, JR.

1403 WELLS RD

BONIFAY, FL 32425

(Use attachment if necessary)

ADD ARTICLE

ARTICLE V - DESIGNATION OF EFFECTIVE DATE

THE EFFECTIVE DATE FOR THIS COMPANY SHALL BE FEBRUARY1, 2004.

**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.)

JOEL DENNIS WELLS

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)