

L04000019537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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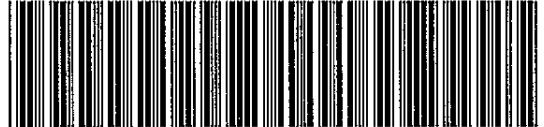
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Is

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELLS UNLIMITED, L.L.C.
(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:

RICHARD A. GLOVER

(Name of Person)

RICHARD A. GLOVER, C.P.A., P.A.

(Firm/Company)

POST OFFICE BOX 12612

(Address)

TALLAHASSEE, FLORIDA 32317

(City/State and Zip Code)

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For further information concerning this matter, please call:

RICHARD A. GLOVER, C.P.A., PA

(Name of Person)

at (850)

422-1040

(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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

WELLS UNLIMITED, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

2121 WEST JEFFERSON STREET

QUINCY, FLORIDA 32351

Mailing Address:

POST OFFICE BOX 417

QUINCY, FLORIDA 32353

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

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

RICHARD A. GLOVER, C.P.A., P.A.

Name

1809 MICCOSUKEE COMMONS DRIVE

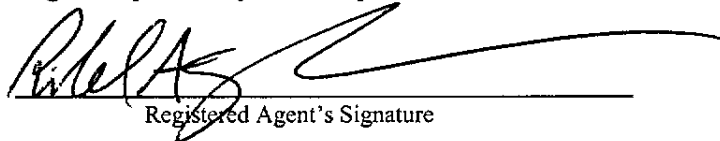
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE, FLORIDA 32308

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

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"

LAURA J. WELLS

POST OFFICE BOX 417

QUINCY, FLORIDA 32353

"MGRM"

JOHN R. WELLS

POST OFFICE BOX 417

QUINCY, FLORIDA 32353

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE:

Laura J. Wells

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.)

LAURA J. 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)