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2005 JAN 24 A 1:48

SECRETARY OF STATE



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TRANSMITTAL LETTER

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EIW
37-1502224

TO: Registration Section
Division of Corporations

SUBJECT: Welks, LLC 2005 JAN 24 A 1:48
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Stephen E Welhouse
(Name of Person)

Welks, LLC
(Firm/Company)

5103 Con tour A Dr
(Address)

Orlando, FL 32810
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen E Welhouse
(Name of Person)

at (407) 445-8149
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY²⁰⁰⁵

ARTICLE I - Name:

The name of the Limited Liability Company is:

EIN 37-1587
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Wells, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5103 Contoura Dr.

Orlando

Same

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

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

Stephen E Wellhouse
Name

5103 Contoura Dr

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

Orlando FL 32810

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, F.S.

Stephen E Wellhouse
Registered Agent's Signature

(CONTINUED)

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:

EIN 37-1502241
FILE
2005 JAN 24

SECRETARY OF:
TALLAHASSEE, FL

MGRM

Stephen E Welhouse

MGRM

PAUL G. Welhouse

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Stephen E Welhouse
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.)

Stephen E. Welhouse
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

851-667-2705

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 37-1502224 OMB No. 1545-0003	
1 Legal name of entity (or individual) for whom the EIN is being requested Welhs, LLC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a Mailing address (room, apt., suite no. and street, or P.O. box) 5103 Cantabria Drive			5a Street address (if different) (Do not enter a P.O. box.)		
4b City, state, and ZIP code Orlando, FL 32810			5b City, state, and ZIP code		
6 County and state where principal business is located Orange, FL					
7a Name of principal officer, general partner, grantor, owner, or trustee Stephen, Welhouse, MGR			7b SSN, ITIN, or EIN 395-72-9019		
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶		
8b If a corporation, name the state or foreign country (if applicable) where incorporated			State		Foreign country
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ 1-1-05 <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10 Date business started or acquired (month, day, year) 1-1-05			11 Closing month of accounting year December		
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) None					
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-." 0					
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Investments					
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Investments					
16a Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Stephen E. Welhouse Trade name ▶ Stephen E. Welhouse					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) 1-1-05 City and state where filed Orlando, FL Previous EIN 37-1502224					
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
Third Party Designee		Designee's name Tracy Kochmann		Designee's telephone number (include area code) (407) 366-2097	
		Address and ZIP code 249 Carolyn Dr Orlando		Designee's fax number (include area code) (407) 366-8729	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Name and title (type or print clearly) ▶ Stephen E. Welhouse, President				Applicant's telephone number (include area code) (407) 445-8149	
Signature ▶ Stephen E. Welhouse				Applicant's fax number (include area code) ()	
Date ▶ 1-1-05					