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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: GRAY, HARRIS & ROBINSON, P.A. - ORLANDO Account Name

Account Number: I20010000078 : (407)843-8880 Phone

Fax Number

: (407)244-5690

# LIMITED LIABILITY COMPANY

Wellspring Consultants, LLC

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J. BAWAN APR -- 6 2005

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is: Wellepring Consultants, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1010 E. Silver Springs Øtvd., Suite E. Ocala, Florids 24470.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Michael Canan 301 East Pine Street, Suite 1400 Orlando, Florida 32801

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 em 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 - Management:

The Limited Ligibility Company is to be managed by one manager and is, therefore, a manager - managed company.

## Article V - Managing Member:

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

Robert Evane Green, MGRM 1010 E. Silver Springs Blyd., Suite E Ovala, Florida 34470

Signature of a marrior or an authorized representative of a member.

(in accordance with section 608,408(3), Floride Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert Evans Green
Typed or printed name of signes