# 108000056903

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
· (Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	
L. SELLERS JUN 1 0 2008 EXAMINER	

Office Use Only

800130717438

06/09/08--01050--018 \*\*160.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

# **COVER LETTER**

TO:	Registration Division of C	Section			·
SUBJI	<sub>ECT:</sub> Wells	Managerial LLC			
~		(Name of Limi	ted Liability Compa	any)	
The en	closed Articles	of Organization and fee(s) are	submitted for filing	g.	
Please	return all corre	spondence concerning this ma	tter to the following	g:	
	Felton L.	Wells			
			(Name of Person)		
	Wells Ma	nagerial Group			
	<u> </u>		(Firm/Company)		
	4105 NW	195th Street			
			(Address)		
	Miami Ga	ardens, FL 33055			
		(Ci	ty/State and Zip Code	:)	
For fur	ther information	n concerning this matter, pleas	e call:		
Calt	on Ę. Wel	ls	at ( 786	258-009	96
	(Nan	ne of Person)	(Area Code	e & Daytime To	elephone Number)
Enclos	sed is a check	for the following amount:			
<b>□</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	рy	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Exe	ourier Address on Section of Corporation uilding outive Center	ns

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ONGANIZATION FOR FL	ORDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Wells Managerial LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4105 NW 195th Street	4105 NW 195th Street
Miami Gardens, FL 33055	Miami Gardens, FL 33055
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.  Calton E. Wells  Name	ered Agent. You must designate an individual or another

4105 NW 195th Street

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

Miami Gardens, FL 33Q55

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

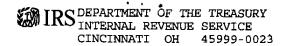
## ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGRM" = M	• •	
MGR		Felton L. Wells
		4105 NW 195th Street
		Miami Gardens, FL 33055
MGRM		Anive Wells
		4105 NW 195th Street
		Miami Gardens, FL 33055
MGRM		Calton E. Wells
		4105 NW 195th Street
	•	Miami Gardens, FL 33055
	<del></del>	
(Use attachmer	nt if necessary)	
LE V: Effective fective date is days after the	ve date, if other than the listed, the date must lidate of filing.)	e date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective	ve date, if other than the listed, the date must lidate of filing.)	
LE V: Effective fective date is days after the	ve date, if other than the listed, the date must ledge date of filing.)  SIGNATURE:	
LE V: Effective fective date is days after the	ve date, if other than the listed, the date must led date of filing.)  SIGNATURE:  Signature of a member of a member of a member of the signature of a member of a	be specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be more than five business defined by the specific and cannot be specifically an arranged by the specific and cannot be specifically an arranged by the specific and cannot be specifically an arranged by the specific and cannot be specifically an arranged by the specific and cannot be specific and cannot be specifically an arranged by the specific and cannot be specific and cannot be specific and cannot be specific and cannot
LE V: Effective fective date is days after the	listed, if other than the listed, the date must listed of filing.)  SIGNATURE:  Signature of a member of this document considered in the constant of the const	be specific and cannot be more than five business decreased an authorized representative of a member.  Decreased an authorized representative of a member.  Description 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)

i itilig i ccs.

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



Date of this notice: 05-31-2008

Employer Identification Number:

26-2713909

Form: SS-4

Number of this notice: CP 575 G

WELLS MANAGERIAL LLC WELLS MANAGERIAL GROUP % FELTON L WELLS SOLE MBR 4105 NW 195TH ST MIAMI GARDENS, FL 33055

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-2713909. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents

\* Refer to this EIN on your tax-related correspondence and documents. us at the address shown at the top of this notice. If you write, please tear of the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.