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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

G. MCLEOD

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EXAMINER



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DIVISION OF CURPOCATION

COVER LETTER

| TO: | Registration Section Division of Corporations |
|-------------------|---|
| SUBJE | CCT: Well CX Solutions, LLC. (Name of Limited Liability Company) |
| The end | closed Articles of Organization and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Frederick Addo (Name of Person) |
| | Wellmax Solutions, LLC (Firm/Company) |
| | 2804 Son O Crone Ct. (Address) |
| | Orgnge Park, FL 22073 (City/State and Zip Code) |
| For fur | ther information concerning this matter, please call: |
| Fr | (Name of Person) at (904) 866-4381 (Area Code & Daytime Telephone Number) |
| | ed is a check for the following amount: |
| БД \$125.0 | 00 Filing Fee \$\bigsup \\$130.00 Filing Fee & \bigsup \\$155.00 Filing Fee & \bigsup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| - | | | |
|---|--|-------------|-------|
| (Must end with the words "Limited | ONS, LLC d Liability Company, "L.L.C.," or "LLC.") | _ | |
| ARTICLE II - Address: The mailing address and street address of | the principal office of the Limited Liability | Compan | y is: |
| Principal Office Address: | Mailing Address: | | |
| 2804 Sand Crone Ct. Orange Pork, FC 32073 | 2804 Sand Crone (t. Orongo Pork, FL 32073 | | |
| | stered Office, & Registered Agent's Signs n Registered Agent. You must designate an individual or s | | DIVIS |
| The name and the Florida street address of | f the registered agent are: | FEB. | 훈음 |
| Fre Derick A | 90, | 27 | |
| | Name | PH | |
| 204 SSNB(| Crone Ct. | ÿ | |
| | eet address (P.O. Box NOT acceptable) | = | ġ,,, |
| <u>Oronge Pork</u> | FL 32073 | | == |
| City, S | 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)

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing | Name and Address: lember |
|--|---|
| MGR | Frederick Addo 2804 Schol Crone Ct. Oronge Ark, FL 22073 |
| | |
| | |
| | |
| (Use attachment if nece L E V: Effective date, if | ther than the date of filing: $\frac{2/25/09}{}$. (OPTIONA |
| LE V: Effective date, if | ther than the date of filing: $\frac{7/25/09}{date must be specific and cannot be more than five business days$ |
| LE V: Effective date, if fective date is listed, th days after the date of f | ther than the date of filing: $\frac{7/25/09}{0}$. (OPTIONA date must be specific and cannot be more than five business daying.) |
| LE V: Effective date, if fective date is listed, the days after the date of fective date. REQUIRED SIGNAT | ther than the date of filing: 2/25/09 (OPTION date must be specific and cannot be more than five business daing.) |
| LE V: Effective date, if fective date is listed, the days after the date of feedbare SIGNAT Signate (In according to this content of this con | ther than the date of filing: 2/25/09 (OPTIONA date must be specific and cannot be more than five business daying.) RE: |

4 ()

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