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Special Instructions to Filing Officer:			
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Office Use Only

BEC - 2009

EXAMINER



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SECRETARY OF STATE
ANALOSES FI COMM

S. HAWKES

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EXAMINER



November 30, 2009

GENE E WELLS 6632 HELMS RD PENSACOLA, FL 32526

SUBJECT: WELLS QUALITY CONSTRUCTION LLC

Ref. Number: W09000052095

We have received your document for WELLS QUALITY CONSTRUCTION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 909A00036642

Suzanne Hawkes Regulatory Specialist II

Division of Comparations DO DOV 6207 Tallahassaa Florida 20214

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: Wells Quality Construction, LLC 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:			
_	Gene E. Wells Name of Person		
Wells Quality Construction LLC			
_	Firm/Company		
	6632 Helms Rd. Address		
-	Address		
_	Pensacola FL. 32526		
Pensacola FL. 32526 City/State and Zip Code By 9wells @ panhandle, rr, com E-mail address: (to be used for future annual report notification)			
For furt	her information concerning this matter, please call:		
	Name of Person at (850) 221-8561 Area Code & Daytime Telephone Number		
Enclose	ed is a check for the following amount:		
7 \$125.0	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (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 Tallahassee, FL 32314 Z661 Executive Center Circle		

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	Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the mailing address and street address.	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6632 Helms Rd. Pensacola Fc. 32526	6632 Helms Rd. Pensacolu Fi 32526
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own	Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Gene E.	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Gene E.	Registered Agent. You must designate an individual or another the registered agent are: We//S Name
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Gene E. 6632 He/	Registered Agent. You must designate an individual or another the registered agent are: We//S Name
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Gene E. 6632 He/Florida street address	Registered Agent. You must designate an individual or another the registered agent are: Wells Name ms Rd.

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..

(CONTINUED)

Lene E. Wells
Registered Agent's Signature (REQUIRED)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member "MGR"	Gene E. Wells 6632 Helms Rd. Pensacola Fi. 32526
	SE DRETANA
	SEE. FLOW
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the fan effective date is listed, the date must be or 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIONAL) De specific and cannot be more than five business days prio
Here E	
Signature of a memb	er or an authorized representative of a member.
	ection 608,408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
Gene E.	Wells yped or printed name of signee
Filing Fees:	yped or printed name of signee
\$125.00 Filing Fee for Articles of Org	anization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)