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EXAMINER

COVER LETTER

į TO:

Registration Section

Division of C	orporations		
SUBJECT:	Well	s Marketing, LLC	
		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		Kavier Q. Wells	
		Name of Person	
	We	lls Marketing, LLC	
		Firm/Company	
	815 lr	dian River St. 354 I	
		Address	
	Воса	a Raton, FL 33431	
	Ci	ty/State and Zip Code	**************************************
		r.spruce@gmail.com	
	E-mail address: (to be used	for future annual report notification)	-
For further information	concerning this matter, pleas	e call:	70 ALL
	er Q. Wells	_ at (0-1478
Name	e of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check f	or the following amount:		FLOR
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	1 \$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

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 I	Liability Company is:	
	Wells Marketing, LLC	
(Must end wi	th the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the principal office of the Limited Liability Compa	any is:
Principal Office Address	<u>Mailing Address:</u>	
815 Indian River St. 354 I	815 Indian River St. 354 I	
Boca Raton, FL 33431	Boca Raton, FL 33431	
The name and the Florida	Xavier Q. Wells Name 815 Indian River St. 354 I	
	Florida street address (P.O. Box NOT acceptable)	
	Boca Raton FL 33431	
	City, State, and Zip	
liability company at the registered agent and agree statutes relating to the practice accept the obligations	gistered agent and to accept service of process for the above stated less place designated in this certificate, I hereby accept the appointment to act in this capacity. I further agree to comply with the provision of the complete performance of my duties, and I am familiar with of my position as registered agent as provided for in Chapter 608, F. Complete Agent's Signature (REQUIRED)	t as s of all h and

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member **MGRM** Xavier Q. Wells 815 Indian River St. 354 I Boca Raton, FL 33431 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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.) Xavier Q. Wells Typed or printed name of signee

of Registered Agent

\$125.00 Filing Fee for Articles of Organization and Designation

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

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)