

L10000119138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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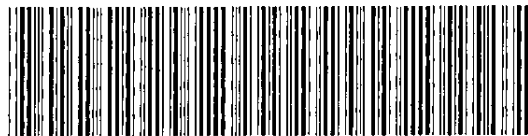
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

NOV 16 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV 16 PM 3:38

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WELLS HEALTHCARE HOLDINGS, LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 16 PM 3:38

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Murray Moore

Name of Person

Pennington Law Firm

Firm/Company

215 S. Monroe Street, 2nd Floor

Address

Tallahassee, FL 32301

City/State and Zip Code

murray@penningtonlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Murray Moore

Name of Person

at (**850**) **222-3533**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

OF

WELLS HEALTHCARE HOLDINGS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is Wells Healthcare Holdings, LLC (hereinafter referred to as the "Company").

2. MAILING ADDRESS AND STREET ADDRESS OF PRINCIPAL OFFICE.

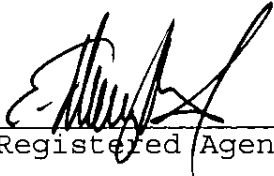
The mailing address and street address of the place of business in Florida for the Company is 215 S. Monroe Street, Second Floor, Tallahassee, Florida, 32301. Such address may be changed from time to time as provided in the Operating Agreement.

3. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: E. Murray Moore, Jr., and the initial registered office is

located at 215 S. Monroe Street, Second Floor, Tallahassee,
Florida 32301.

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.



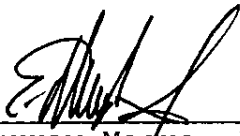
Registered Agent's Signature

4. MANAGEMENT.

The management of the Company shall be reserved to the Members.

Executed at Tallahassee, Florida, on the 16th day of
November, 2010.

By: _____



E. Murray Moore, Jr., as
authorized representative of
L. Rogers Wells, Jr., Member

STATE OF FLORIDA,

COUNTY OF LEON.

11/08 The foregoing instrument was acknowledged before me this day of November, 2010, by E. Murray Moore, Jr., as authorized representative of L. Rogers Wells, Jr., a member of Wells Healthcare Holdings, LLC, a Florida limited liability company, on behalf of the company. He is personally known to me or has produced _____ as identification.

Renee C. Traynor
NOTARY PUBLIC - STATE OF FLORIDA

(SEAL)

Print, Type or Stamp Name of Notary
Public

