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ZUIT JAN 10 FM:18 42 SECRETARY OF STATES FALLAHASSEE; FLORIDA

C. LEWIS

JAN 1 9 2011

EXAMINER

COVER LETTER

TO: Registratio Division of	n Section Corporations	٠		
SUBJECT: Wel	ls Mud Ranch, LLC	ed Liability Company		
	Name of Limit	ed Liability Company		
The enclosed Article	s of Organization and fee(s) are	submitted for filing.		
Please return all corr	espondence concerning this matt	er to the following:		
	141 1 1			
John A	. Webb	Name of Person		
N 4 = 1.2 =				
McKenzie, Woolery & Webb, P.S.C.				
	4	, company		
P.O. Box 1554				
		Addiess		
Ashland,	KY 41105-1554	(0. 15) 0.1		
iohnawah		y/State and Zip Code		
Johnawer	bb@windstream.net E-mail address: (to be used t	for future annual report notification)		
For further informati	ion concerning this matter, please	e call:		
John A. Webb		at (606) 324-7147		
Na	me of Person	Area Code & Daytime Teleph	none Number	
Enclosed is a check	k 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 Ci Tallahassee, FL 32301	rcle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Wells Mud Ranch, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: **Mailing Address:** 22353 Hale Road 22353 Hale Road Land O Lakes, FL 34639 Land O Lakes, FL 34639 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Gary Wells 22353 Hale Road Florida street address (P.O. Box NOT acceptable) Land O Lakes 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)

FILED

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

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

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Title:	Name and Address:	SECRETARY OF STAT
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Shannon L. Wells	
	P.O. Box 203 Rush, KY 41168	

(Use attachment if necessary)		
CLE V: Effective date, if other than t	be date of filing:	(OPTIONAL)
effective date is listed, the date must 0 days after the date of filing.)	be specific and cannot be more that	an five business days prior
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:		

Shannon L. Wells

Typed or printed name of signee

(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. I am aware that any false information submitted in a document to the Department of State

Filing Fees:

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

constitutes a third degree felony as provided for in s.817.155, F.S.)