

L1100UU 76467

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

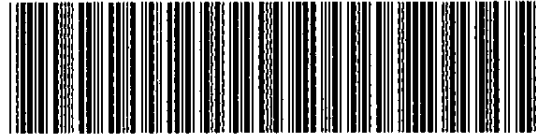
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EXAMINER



500208851385

07/01/11--01008--025 \*\*155.00

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TALLAHASSEE, FLORIDA

11 JUL - 1 AM 11:18

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CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

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DIVISION OF CORPORATIONS  
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**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** KATIE WONSCH

**DATE:** 07/01/2011

**REF. #:** 000314.150684

**CORP. NAME:** WELLSPRING MANAGEMENT SYSTEMS, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 540485 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

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**ARTICLES OF ORGANIZATION  
OF  
WELLSPRING MANAGEMENT SYSTEMS, LLC  
(A Florida Limited Liability Company)**

Pursuant to the Florida Limited Liability Company Act, Florida Statutes Sections 608.401 through 608.705, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I  
NAME**

The name of the Limited Liability Company (the "Company") is Wellspring Management Systems, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Company is 1151 NW 64th Terrace, Gainesville, Florida, 32605.

**ARTICLE III  
DURATION**

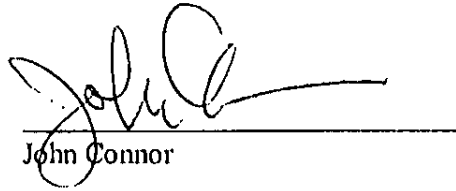
The period of duration for the limited liability company shall begin on the date of filing these Articles of Organization with the Florida Secretary of State and shall have a perpetual existence and duration, until terminated in accordance with applicable law.

**ARTICLE IV  
INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Company's initial registered agent is 1151 NW 64th Terrace, Gainesville, Florida, 32605. The name of the Company's initial registered agent at that office is John Connor.

**IN WITNESS WHEREOF**, the undersigned, being the Authorized Representative of the Company, has executed these Articles of Organization on behalf of the Company in accordance with §608.407(3) of the Act, this 1st day of July, 2011.

**AUTHORIZED REPRESENTATIVE:**



John Connor

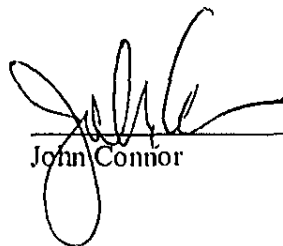
(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF ACCEPTANCE BY  
REGISTERED AGENT**

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of Wellspring Management Systems, LLC, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate this 1st day of July, 2011.

  
\_\_\_\_\_  
John Connor