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(Requestor's Name)

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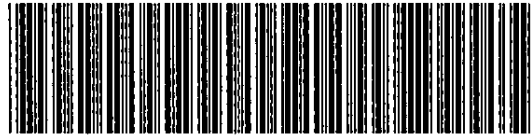
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

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LAW OFFICES OF  
**WALLER & SCHARBER**  
PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

CHARLES D. WALLER  
CERTIFIED FAMILY, CIRCUIT & COUNTY MEDIATOR  
JARROD M. SCHARBER

June 11, 2013

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Wells Land Company, LLC

Dear Sirs:

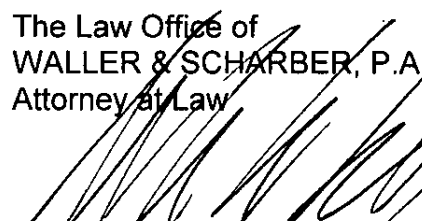
Enclosed are the original and one signed copy of the Articles of Organization for Wells Land Company, LLC. I have also enclosed a check in the amount of \$155.00 for the filing and certified copy fees for each entity.

Please process this at your earliest opportunity and return the Letter of Acknowledgment to this office.

Thank you for your assistance. If you have any questions, please do not hesitate to call me.

Very truly yours,

The Law Office of  
WALLER & SCHARBER, P.A.  
Attorney at Law

  
Charles D. Waller, Esquire

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CDW/caw  
Enclosures as stated

## **ARTICLES OF ORGANIZATION**

### **A LIMITED LIABILITY COMPANY**

(Pursuant to Chapter 608, Florida Statutes)

**1. Name.** The name of the limited liability company is **WELLS LAND COMPANY, LLC.**

**2. Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

**3. Address of Principal Office.** The street address of the principal office of the limited liability company is:

37824 Bougainvillea Avenue  
Dade City, FL 33525

**4. Mailing Address:** The mailing address of the limited liability company is:

37824 Bougainvillea Avenue  
Dade City, FL 33525

**5. Members at Time of Formation.** There will be at least one member at the time the limited liability company is formed.

**6. Period of Duration.** The period of duration shall be perpetual.

**7. Management.** Management of the Limited Liability Company at the time of formation is reserved for the initial member(s).

**8. Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

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**CHARLES D. WALLER, ESQUIRE**

38038 Meridian Avenue

Dade City, FL 33525

*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.*



**CHARLES D. WALLER**

**9. Effective Date.** The effective date of the limited liability company shall be June

7th, 2013.



**DEBORAH J. WELLS**

(In accordance with section 604.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

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CLERK OF THE COURT  
TALLAHASSEE, FLORIDA