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SECRETARY OF STATE
ALLAHASSEE FLORINA

T. Burch OCT 7 2013

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: The Wellfund | | |
| Name of Limited Liability Company | | |
| Dear Sir or Madam: | | |
| The enclosed Articles of Correction and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| William Tocaph HAF | | |
| The Wellton LL. | | |
| 19010-B Persimmon Ridge Rd | | |
| Alva, FL 33920 City/State and Zip Code | | |
| E-mail address (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: Solution | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Enclosed is a check for the following amount: | | |
| □ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy | | |

CR2E062 (4/13)

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

| FIRST | The name of the limited liability company is: The Wellfund LLC. |
|--------|--|
| SECO: | ND: The articles of organization or the application to transact business |
| ÇН | ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT |
| d | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: |
| | Name Spelled Wrong. Well Fund Incorrect Spelling: The Well LLC. |
| | Correct Spelling The West Comp LLC |
| | <u>OR</u> |
| | Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: |
| | Spell correct rame: The Well Fund LLC. |
| Dated: | Detaber 13013 FILE |
| | Signature of a member or authorized representative of a member Typed or printed name of signee |
| | Filing Fee: \$25.00 |

\$30.00 (optional)

Certified Copy:

Electronic Articles of Organization For Florida Limited Liability Company

L13000134978 FILED 8:00 AM September 24, 2013 Sec. Of State Isellers

Article I

The name of the Limited Liability Company is:
THE WELL FUND LLC

Article II

The street address of the principal office of the Limited Liability Company is:

19010-B PERSIMMON RIDGE RD. ALVA, FL. 33920

The mailing address of the Limited Liability Company is:

19010-B PERSIMMON RIDGE RD. ALVA, FL. 33920

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

MICHAEL D STREETS 19010-B PERSIMMON RIDGE RD. ALVA, FL. 33920

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.

Registered Agent Signature: MICHAEL DUANE STREETS

Article V

The name and address of managing members/managers are:

Title: MGRM WILLIAM J HUFF II 5922 BURNHAM RD. NAPLES, FL. 34119 US

Title: MGMR MICHAEL D STREETS 19010-B PERSIMMON RIDGE RD. ALVA, FL. 33920 FL

Title: MGRM STREETS G KAREN 19010-B PERSIMMON RIDGE RD. ALVA, FL. 33920

Article VI

The effective date for this Limited Liability Company shall be:

09/24/2013

Signature of member or an authorized representative of a member

Electronic Signature: WILLIAM JOSEPH HUFF II

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L13000134978 FILED 8:00 AM September 24, 2013 Sec. Of State