#4.13000138846

u		
(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



800252092578

09/30/13--01057--006 **125.00

13 SEP 30 PH 12: 11
SEP 30 PH 12: 11

K. SALY EXAMINER OCT - 2 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wells Ink, LLC	
SUBJECT: Name of Limited Lial	oility Company
The enclosed Articles of Organization and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Anna Katherine Wells	
Name	of Person
Wells Ink, LLC	
Firm/	Company
106 Edgewater Circle	
	dress
Sanford, FL 32773	
floridakathi@gmail.com	and Zip Code
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this matter, please call:	
	407 <u>312-0678</u>
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	55.00 Filing Fee & \$160.00 Filing Fee, certified Copy dditional 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	v is:
Wells Ink, LLC	
(Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
106 Edgewater Circle	106 Edgewater Circle
Sanford, Fl 32773	Sanford, Fl 32773
business entity with an active Florida registration.) The name and the Florida street address of the Anna Katherine Wells No. 106 Edgewater Circle	t address (P.O. Box NOT acceptable)
	y, State, and Zip
liability company at the place designated registered agent and agree to act in this call statutes relating to the proper and compand accept the obligations of my position a	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as a pacity. I further agree to comply with the provisions of plete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

MGRM	Anna Katherine Wells	
	106 Edgewater Circle	
	Sanford, Fl 32773	

Use attachment if necessary)		
F.V. Effective date if other than t	he date of filing:	(OPTION

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

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

Anna Katherine Wells

Typed or printed name of signee

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)