

L14000126223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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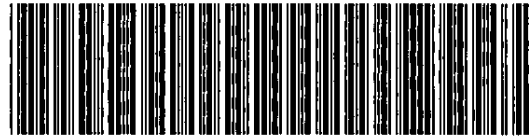
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

625



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2014

JERRY WELLS
7300 FRANCE AVE SO SUITE 215
EDINA, MN 55435

SUBJECT: WELLS & COMPANY, ACCOUNTANTS AND FINANCIAL
CONSULTANTS, LLC
Ref. Number: W14000044586

We have received your document for WELLS & COMPANY, ACCOUNTANTS
AND FINANCIAL CONSULTANTS, LLC and your check(s) totaling \$125.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The effective date is not acceptable since it is not within five working days of the
date of receipt.

Please return the corrected original and one copy of your document, along with a
copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00015586

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wells & Company, Accountants and Financial Consultants, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerry Wells

Name of Person

N/A

Firm/Company

7300 France Ave So, Suite 215

Address

Edina, MN 55435

City/State and Zip Code

Jerry@wellstax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry Wells

Name of Person

at (612)

Area Code

387-0278

Daytime Telephone Number

Enclosed is a check 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wells & Company, Accountants and Financial Consultants, 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:

2060 Metacumbe Key Rd
Suite 2501
Punta Gorda, FL 33955-4686

7300 France Ave So
Suite 215
Edina, MN 55435

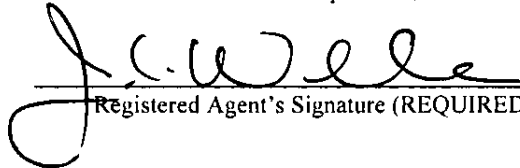
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Jerry Wells
Name
2060 Metacumbe Key Rd, Suite 2501
Florida street address (P.O. Box **NOT** acceptable)
Punta Gorda FL 33955-4686
City 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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jerome C. Wells

4642 Kildare Rd

Mound, Mn 55364

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

None

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), 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.)

Jerome C. Wells

Typed or printed name of signer

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)

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SECRETARY OF STATE
FLORIDA