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. (Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Welventure Windup, LLC		
Name of Li	imited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	matter to the following:	
Jamison McAlister		_
	Name of Person	
WelVenture Windup, LLC		- ~
	Firm/Company	
2519 McMullen Booth Rd Suite 51	10-124)3EC
	Address	17
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Clearwater, FL 33761	City/State and Zip Code	
_utspeck@gmail.com	enyrotate and zip code	9
E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, ple	ease call:	
Ashley Speck at (865 405-6714	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
☑ \$125.00 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	Street/Courier Address Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tailahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

WelVenture Windup, LLC		
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2519 McMutlin Booth Rd Suite 510-124	2519 McMullin Booth Rd Suite 510-124	and the second s
Clearwater, FL 33761		
- Aldalitatel La Adil Al	Clearwater, Fl. 33761	
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its of	ice, & Registered Agent's Signature: own Registered Agent. You must designate an in	· • • · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Registered Offi	ice, & Registered Agent's Signature: own Registered Agent. You must designate an in ration.)	Soldward Fig. 17
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr	ice, & Registered Agent's Signature: own Registered Agent. You must designate an in ration.)	PEC 17
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its canother business entity with an active Florida registre.) The name and the Florida street address of the registre. Ashley Speck	ice, & Registered Agent's Signature: own Registered Agent. You must designate an in ration.)	PEC 17 PH
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its canother business entity with an active Florida registre.) The name and the Florida street address of the registre. Ashley Speck	ice, & Registered Agent's Signature: own Registered Agent. You must designate an in ration.) ered agent are:	PEC 17 EM 1:0
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its contained business entity with an active Florida register.) The name and the Florida street address of the register. Ashley Speck	ice, & Registered Agent's Signature: own Registered Agent. You must designate an in ration.) ered agent are:	AHASSELFLOR
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its contained business entity with an active Florida registre. The name and the Florida street address of the registre. Ashley Speck No. 3174 Gulf Winds Cir	ice, & Registered Agent's Signature: own Registered Agent. You must designate an in ration.) ered agent are:	PEC 17 PM 1:0

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 (REQURED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Jamison McAlister 266 Palmetto Dr Russellville, KY 42276
MGR	Ashley Speck 3174 Gulf Winds Cir
	Hemando Beach, FL 34607
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(Use attachment if necessary)	-cer.
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E V: Effective date, if other than the date of the certive date is listed, the date must be speof filing.)	of filing: (OPTIONAL).
E V: Effective date, if other than the date of ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mendation of the constitutes an affirmation under I am aware that any false inform	of filing: (OPTIONAL).
E V: Effective date, if other than the date of ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mendation of the constitutes an affirmation under I am aware that any false inform	of filing: