# 4600305092

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	
<u> </u>		

Office Use Only

NOV 0 9 2016. T. SCOTT



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2016

JASON ZIELINSKI 800 E. BROWARD BLVD., SUITE 702 FORT LAUDERDALE, FL 33301

SUBJECT: THE WELL GROUP LLC

Ref. Number: W16000073093

\* CHANGED \*

if problem, prefise call 954.524-6131

THANK YOU

JASON

We have received your document for THE WELL GROUP 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L15000208802-THE WELL GROUP, LLC.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 716A00023097

## **COVER LETTER**

	egistration Section vision of Corporations	ì	•	
SUBJECT	The Wells Group LLC	CASTAL	IA PROPER	TIES LLC
	Na	me of Limited Liabi	lity Company	<del> </del>
The enclose	ed Articles of Organization and	I fee(s) are submitte	d for filing.	
Please retu	rn all correspondence concerni	ng this matter to the	following:	
	Jason Zielinski			
		Name o	f Person	
	Zielinski & Associates PA			
		Firm/C	ompany	
	800 E Broward Blvd. Suite 70	02		
		Add	iress	
	Fort Lauderdale, FL 33301			
į	zielinski@zielinski-associates	•	nd Zip Code	
=			annual report notificati	on)
For further in	nformation concerning this ma	tter, please call:		
	Jason Zielinski	954 at (	524-6131	
	Name of Person	Area Code	Daytime Telephone	e Number
Enclosed is	s a check for the following amo	ount:		
\$125.00 Fi	-	Fee & \$155 Status Certi	.00 Filing Fee & [fied Copy nal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	18	Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	C	L	E	I	-	N	a	me	:
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The name of the Limited Liability Company is:

The Wells Group LLC	$\mathcal{C}$	Á	ST	Δ	L	ĺ.	4	1 f	780	P	ER	Τ),	E.

(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:

800 E Broward Blvd	800 E Broward Blvd.				
Suite 702	Suite 702				
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301				

### 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:

Jason Zielinski		
	Name	
800 E Broward Blvd.	Suite 702	
Florida street address	s (P.O. Box NOT ac	cceptable)
Fort Lauderdale	FL	33301
City	State	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)

Page 1 of 2

TO NOV - 7 CH CO

Title: "AMBR" = Authorized l	Name and Address:
"MGR" = Manager AMBR/MGR	Jason Zielinski
	800 E Broward Blvd Suite 702 Fort Lauderdale, FL 33301
MGR	Gregg Zielinski
	8174 Cypress Point Road West Palm Beach, FL 33412
	<u> </u>
(Use attachment if neces	<i>y</i> )
If an effective date is listed, the he date of filing.)  Note: If the date inserted in this	than the date of filing: (OPTIONAL)  e must be specific and cannot be more than five business days prior to or 90 days  ck does not meet the applicable statutory filing requirements, this date will not be 1
he document's effective date on	·
RTICLE VI: Other provisions, i	y.
REQUIRED SIGNAT	
Si This do	ture of a member or an authorized representative of a member.  Ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State
l am aw constitu	a third degree felony as provided for in s.817.155, F.S.
l am aw constitu	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)