120000244687

(Requestor's Name)
(Address)
(Address)
(**************************************
(0) 10 1 10 10
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Buomood Emas, Name,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 timig Officer.
W20000 78776





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07/06/20--01029--015 **137.50

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2020

NATHAN WELLS 30146 TOKARA TERRACE MOUNT DORA, FL 32757

SUBJECT: WELL CONTRACTING AND CONSULTING SERVICES, LLC

Ref. Number: W20000078776

We have received your document for WELL CONTRACTING AND CONSULTING SERVICES, LLC and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

The cost of the conversion with certificates is \$185 dollars. So you will need to send in an additional check for \$47.50 to cover the conversion cost. Enclosed is the conversion document to convert from an out of state LLC into a Florida LLC.

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.

Matthew T Moon Regulatory Specialist II Supervisor

Letter Number: 020A00013915

www.sunbiz.org

COVER LETTER

Division of C	orporations			
SUBJECT: <u>W€</u>	LLS CONTRACTI (Name of Res	NG AND CON	SULTING SERVI	CES, LLC
			and fees are submitted to accordance with s. 605.	
Please return all corr	espondence concerning	g this matter to:		
	(Contact Person) CTING AND CON- (Firm/Company)	SULTING SERV	ices, LLC	2020 AUG IL AM 10: 07
_	OKARA TERRAG			SEEL FLOOR
MOUNT DORA	City, State and Zip Code)	7		07
n wells wee	S & G Mail. CON	very port notifications)		
For further informati	on concerning this ma	tter, please call:		
NATHAN WE (Name of Cont.	ect Person)	_at (<u>8 5</u>) (Area Code) (l	786 - 4906 Daytime Telephone Number)	
	or the following amou a bank located in the		essed by this office must	be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fee and Certified Copy	s S185.00 Filing Fees, Certified Copy, and Certificate of Status	\$ 137.50 +\$ 47.50
Mailing Add New Filing S Division of C	ection	Ne	eet Address: w Filing Section vision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO: New Filing Section

Articles of Conversion

For

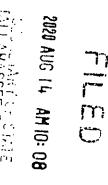
"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: WELLS CONTRACTING AND CONSULTING SERVICES, LLC
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a LIMITED LIABILITY CORPORATION (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fii	rst organized, formed or incorporated under the laws of Tuinois (Enter state, or if a non-U.S. entity, the name of the country)
on	SCOTEMBER 29, 2017 (date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
	WEUS CONTRACTING AND CONSULTING SERVICES, LLC. (Enter Name of Florida Limited Liability Company)
4.	If not effective on the date of filing, enter the effective date:
	he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
<u>No</u>	e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.
5.	The plan of conversion has been approved in accordance with all applicable statutes.
6.	The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 300 day of	August	20 <u></u> 20
Signature of Authorized Rep		
Signature of Authorized Repre Printed Name: NATHAN (sentative:	the Dells Tille: OWNER/MEMBER
		[See below for required signature(s)]
Signature: Than Lu 0	L.	
Printed Name: Shannan D	الع الع	Title: Owner/member
Signature:		
Printed Name:		Title:
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
Signature:		Title:
Printed Name:		Title:
If Florida Corporation: Signature of Chairman, Vice Cl If Directors or Officers have no		
If Florida General Partnershi Signature of one General Partne		lity Partnership:
If Florida Limited Partnershi Signatures of <u>ALL</u> General Par		lity Limited Partnership:
All others: Signature of an authorized perso	on.	
Fees:		

\$25.00

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

Articles of Conversion:

Certificate of Status:

Certified Copy:

Fees for Florida Articles of Organization:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T1	IC	L	E	1	-	N	a	m	e	
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The name of the Limited Liability Company is:

WEUS CONTRACTING AND CONSULTING SERVICES, LLC (Must contain 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:

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:

NATHAN L. WEUS Name

30146 TOKARA TERRACE

Florida street address (P.O. Box **NOT** acceptable)

MOUNT DORA FL 32757
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..

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	NATHAN WEUS
	30146 TOKARA TERRACE
	MOUNT DORA, PL 32757
	13000, 12 3000
AMBR	SHANNON WELLS
	30146 TOKARA TERRACE
	MOUNT DORA, FL 32757
	~ 2
	ALLAHASS
	<u> </u>
	- <u>何</u> 公 - 一
(Use attachment if necessary)	
(12
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
- /a t	the Fire Ols -
Signature of a member or	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware that
any false information submitted in a docu as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felony
NATHAN	/ped or printed name of signee
ı y	· · · · · · · · · · · · · · · · · · ·
	Fili <u>ng Fees</u>

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