## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H20000440536 3)))



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Division of Corporations

Fex Number : (850)617-6380

From:

: CAPITOL SERVICES, INC. Account Name

Account Number: 120160000017 : (855)498-5500 Phone Fax Number : (800) 432-3622

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\*\*\*\*PLEASE NOTE EFFECITVE DATE OF **JANUARY 1, 2021** 

## MERGER OR SHARE EXCHANGE WELLS ASSET MANAGEMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	6
Estimated Charge	\$58.75

\*\*\*PLEASE NOTE EFFECTIVE DATE OF **JANUARY 1, 2021** 

\*\*fees should calculate to \$80.00

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12/28/2020

\*\*please honor original submission date as file date; effective Jan. 1, 2021\*\*

December 29, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WELLS ASSET MANAGEMENT LLC 9301 BLIND PASS ROAD ST. PETE'S BEACH, FL 33706

SUBJECT: WELLS ASSET MANAGEMENT LLC

REF: L20000305040

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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

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Terri J Schroeder Regulatory Specialist III

FAX Aud. #: H20000440536 Letter Number: 120A00026199

H2000044053

## **COVER LETTER**

Division of Corporations			
SUBJECT: Wells Asset Mana	agement LLC		
SUBJECT:	Name of Surviving Party		
The enclosed Certificate of Merger and fee(s) a	are submitted for filing.		
Please return all correspondence concerning th	is matter to:		
Contact Person			
Firm/Company			
Address			
City, State and Zip Coo	le i		
pgwells1961@outlook.c	om		
F-mail address: (to be used for future a	nnual report notification)		
For further information concerning this matter	, please call:		
	_at ()		
Name of Contact Person	Area Code Daytime Telephone Number		
Certified copy (optional) \$30.00	· .		
STREET ADDRESS:	MAILING ADDRESS:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
Clifton Building	P. O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314		

CR2E080 (2/20)

(UO/U/) 12/23/2020 12:10:30 P

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## Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name	<u>Jurisdiction</u>	Form/Entity Type
Wells Asset Management LLC	Florida	LLC
Paul G. Wells and Rose M. Wells Family Partnership	Idaho	General Partnership
<del></del>		
	·	
SECOND. The great name form/antitute		Antono
SECOND: The exact name, form/entity typ	e, and juristiction of the surv	viving party are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type
Wells Asset Management LLC	Florida	LLC

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

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FOUR	TH: Please check one of the bo	oxes that apply to	surviving en	tity: (if applicable)	•		
v	This entity exists before the me are attached.	erger and is a don	nestic filing e	ntity, the amendment, if a	ny to its public	organic record	
	This entity is created by the merger and is a domestic filing entity, the public organic record is attached:						
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.						
	This entity is a foreign entity that does not have a certificate of authority to transact business in this state. mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapte Florida Statutes is:						
	I: This entity agrees to pay any r 1006 and 605.1061-605.1072, F		praisal rights	the amount, to which men	nbers are entit	led under	
days at	1: If other than the date of filing ther the date this document is file 1027				be prior to no	r more than 90	
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	If the date inserted in this block document's effective date on the				ts, this date wi	ill not be listed	
SEVE	NTH; Signature(s) for Each Par	ty:		un van eerste katelijn n		i	
10.0	of Entity/Organization;	\$			Typed or P Name of In	idividual:	
We	lls Asset Manageme	nttro		70	Paul G.		
Paul	G. Wells and Rose M. Wells Family	Partnersup			Paul G.	Wells	
Corpor	rations:	-	•	resident or Officer			
Genera	d partnerships:			nature of incorporator.) r or authorized person			
Florida	Limited Partnerships:	Signatures of a					
	orida Limited Partnerships; d Liability Companies;	Signature of a p					
Fees:	For each Limited Liability Con	npany:	\$25.00	For each Corporation	<b>:</b>	<b>\$</b> 35.00	
	For each Limited Partnership:	-	\$52.50	For each General Part	mership:	\$25.00	
	For each Other Business Entity	<b>'</b> :	\$25.00	Certified Copy (opti	onal):	\$30.00	