

22000461456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

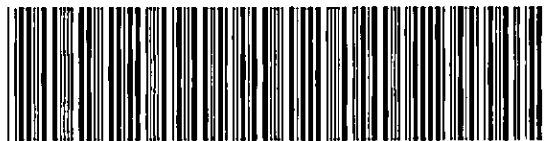
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S. CHATHAM

OCT 28, 2022

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 OCT 28 PM 12:26  
TALLAHASSEE, FLORIDA  
22 OCT 28 AM 10:45

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** WellConnector, 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:

Joshua D. Aubuchon

\_\_\_\_\_  
Name of Person

Delegal & Aubuchon

\_\_\_\_\_  
Firm/Company

201 East Park Avenue, Suite 200B

\_\_\_\_\_  
Address

Tallahassee, Florida 32301

\_\_\_\_\_  
City/State and Zip Code

josh@daefl.com

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

For further information concerning this matter, please call:

Josh Aubuchon

850

510-4533

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION

OF

WELLCONNECTOR, LLC

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 OCT 28 AM 10:45

Article I

The name of the Limited Liability Company shall be WellConnector, LLC (hereinafter referred to as the "Limited Liability Company").

Article II

The mailing and street address of the principal office of the Limited Liability Company shall be:

2252 Killearn Center Boulevard, Suite 300  
Tallahassee, Florida 32309

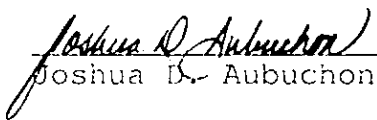
Article III

The name and Florida street address of the registered agent is:

Joshua D. Aubuchon  
201 East Park Avenue, Suite 200B  
Tallahassee, Florida 32301

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.

  
Joshua D. Aubuchon

#### Article IV

The name and address of each person or entity authorized to manage and control the Limited Liability Company is as follows:

MGR                      Allison F. Aubuchon  
                             3336 Charleston Road  
                             Tallahassee, Florida 32309

MGR                      Ruvos, LLC, a Florida Limited Liability Company  
                             2252 Killearn Center Boulevard, Suite 300  
                             Tallahassee, Florida 32309

#### Article V

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 section 817.155, Florida Statutes.

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DIVISION OF CORPORATIONS  
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IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization and the effective date of the Limited Liability Company shall be October 24, 2022.

Allison F. Aubuchon  
Allison F. Aubuchon

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