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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

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(Business Entity Name)

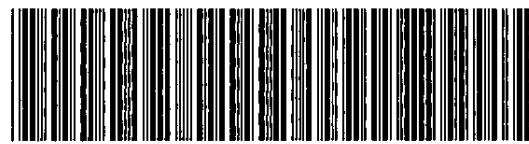
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 MAY 16 AM 10:42  
SHERIFF OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
MAY 17 2012  
EXAMINER



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Admitted in South Carolina  
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May 4, 2012

Florida Department of State  
Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

RE: Wells Lake Buena Vista, LLC, a Wyoming close limited liability company

Dear Sir or Madam:

We have enclosed the following documents, in duplicate, to qualify the above-named company in Florida:

1. *Cover Letter*
2. *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida*
3. *Certificate of Designation of Registered Agent/Registered Office*
4. *Certificate of Existence and Good Standing* from the State of Wyoming.

Also enclosed is our check in the amount of \$1,076.25 for the Filing Fee, Certificate of Status, Certified Copy, and late filing penalty.

Please file upon receipt and return an acknowledgement copy to this office in the enclosed envelope. The Certified Copy may be sent to the name and address shown on the enclosed *Cover Letter*.

Thank you, and please contact us if there are any additional requirements.

Sincerely,

Olivia Whitman  
Legal Assistant

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wells Lake Buena Vista, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Bill Hale

Name of Person

BonWorth, Inc.

Firm/Company

PO Box 2890

Address

Hendersonville, NC 28792

City/State and Zip Code

BMH@BonWorth.com

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

For further information concerning this matter, please call:

Bill Hale at (828) 697-2216 Ext. 126  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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  \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Wells Lake Buena Vista, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Wyoming 3. 27-0386216  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/11/2009 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 07/01/2009  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 40 Francis Road

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TALLAHASSEE, FLORIDA  
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Hendersonville, NC 28792

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

Loren W. Wells, PO Box 2890, Hendersonville NC 28793

William M. Hale, PO Box 2890, Hendersonville NC 28793

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: To purchase, own,

manage, lease, sell, and develop real estate and all lawful acts incident thereto

William M. Hale  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William M. Hale, PO Box 2890, Hendersonville NC 28793

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Wells Lake Buena Vista, LLC

If unavailable, the alternate to be used in the state of Florida is:

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2. The name and the Florida street address of the registered agent and office are:

Carolyn Reagan  
(Name)

20350 Summerlin Road, Suite 2140  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Ft. Myers, FL 33908  
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 608, Florida Statutes.*

Carolyn Reagan  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
FILED

STATE OF WYOMING  
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Wells Lake Buena Vista, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 11, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000570942**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of March, 2012 at 1:12 PM. This certificate is assigned 011816216.



*Max Maxfield*  
Secretary of State