

M12 000006878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

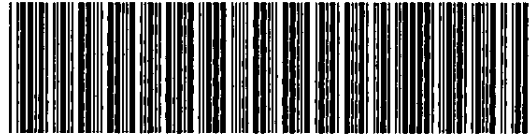
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100242300951

12/10/12--01025--020 **160.00

FILED

2012 DEC 10 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

DEC 11 2012

EXAMINER

Collins & Collins, P.A.
ATTORNEYS AT LAW

Dan A. Collins

dan@sctrustlaw.com

Certified Specialist in Estate
Planning and Probate Law

Admitted in South Carolina
and North Carolina

Julie M. Collins

julie@sctrustlaw.com

Admitted in South Carolina
and North Carolina

December 6, 2012

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

RE: Wells Kissimmee, 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 \$160.00 for the Filing Fee, Certificate of Status and Certified Copy.

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,



Angela D. Dill
Paralegal

Enclosures

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 DEC 10 PM 12:40

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wells Kissimmee, 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

P. O. 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

Name of Person

828

at

697-2216 Ext. 126

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2612 DEC 10 PM 12:40

FILED

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

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

1. Wells Kissimmee, LLC

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

(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.," "L.L.C.")

2. Wyoming

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 46-1411189

(FBI number, if applicable)

4. 11/16/2012

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to
exist or "perpetual")

6. _____

(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

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, P. O. Box 2890, Hendersonville, NC 28793

William M. Hale, P. O. 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. 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 s.817.155, F.S.)

William M. Hale, P. O. Box 2890, Hendersonville, NC 28793

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 10 PM 12:40

FILED

**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 Kissimmee, LLC

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

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 10 PM 12:40

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,

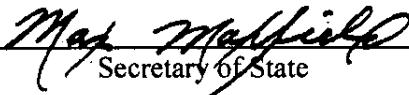
Wells Kissimmee, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 16, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000632904**.

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 4th day of December, 2012 at 2:29 PM. This certificate is assigned 012964835.




Secretary of State