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Fax Number : (800)906-9880

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Foreign Limited Liability Company WELLS INTERNATIONAL LLC

Certificate of Status	1
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Page Count	04
Estimated Charge	\$130.00

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

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9391 BRIDGEBROOK	CDRIVE	9391 BRIDGEBROOK DI	RIVE					
el Address of Principal Office)		(Mailing Address)						
BOCA RATON, FL 33	496	BOCA RATON, FL 33496						
Name and <u>strept addres</u> Name: Office Address:	g of Florida registated agent: (P.O. Bo JUN WAN 9391 BRIDGEBROOK DRIVE	x NOT acceptable)						
	BOCA RATON	33496						
	(City)	(Zin code)						

(((H20000329622 3)))

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: JUN WAN ☐Manager □Manager 9391 BRIDGEBROOK DRIVE Address: □Member **■**Member Address: BOCA RATON, FL 33496 ☐ Authorized ☐ Authorized Person Person □Other_____ □Other _ ___ Other____ ☐Other____ Name: _____ □Manager □Manager Address: □Member Address: _____ □Member □ Authorized ☐ Authorized Person Person Other____ Other____ Other_____ □Other___ Name: ______ □Manager Name: □Manager Address: _______ ☐Mcmber Address: □ Member ☐ Authorized ☐ Authorized Person Person Other_____ Other____ □ Other_____ □Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 \$.817.155, F.S.

Signature of an authorized person

Typed or printed name of signee

STEVEN WEISS, AUTHORIZED PERSON

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STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

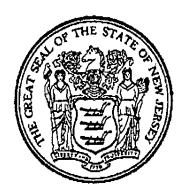
WELLS INTERNATIONAL LLC 0450086872

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 28, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JUN WAN 4 TIMBER LANE, UNIT A MARLBORO, NJ 07746



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of September, 2020

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6111229807

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp