

M21000013469

(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



600368870776

APPROVED
AND
FILED

2021 OCT -7 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

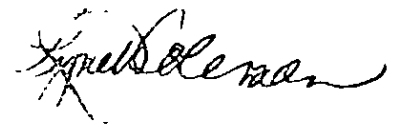
2021 OCT -7 PM 4:11

OFFICE OF THE
TALLAHASSEE, FLORIDA

OCT 14 2021

K. Brumbley

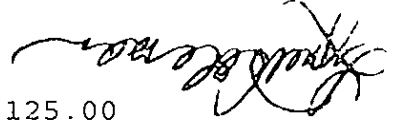
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500



ACCOUNT NO. : I20000000195

REFERENCE : 084950 167868A

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : October 6, 2021

ORDER TIME : 2:01 PM

ORDER NO. : 084950-035

CUSTOMER NO: 167868A

FOREIGN FILINGS

NAME: WELLS CAPITAL MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wells Capital Management, 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:

Clara S. Blanding
Name of Person
c/o Wells Fargo Bank
Firm/Company
301 South Tryon Street, Floor 11
Address
Charlotte, NC 282
City/State and Zip Code
clara.s.blanding@wellsfargo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Clara S. Blanding</u>	<u>704</u>	<u>715-8616</u>
Name of Contact Person	at () Area Code	Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Wells Capital Management, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 95-3692822
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 525 Market Street, Floor 10 525 Market Street, Floor 10
(Street Address of Principal Office) (Mailing Address)

San Francisco, CA 94105

San Francisco, CA 94105

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) (Zip code)

2021 OCT -7 AM 8:37
RECEIVED
TALLAHASSEE, FL 32301
APPROVED
AND
FILED

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Alexis Weirnd, assistant va president

(Registered agent's signature)

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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Francis Jon Baranko

☐ Member Address: 525 Market Street, Floor 10

☒ Authorized San Francisco, CA 94105

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Sallie C. Squire

☐ Member Address: 525 Market Street, Floor 10

☒ Authorized San Francisco, CA 94105

Person

☐ Other ☐ Other

☒ Manager Name: Siobhan C. Foy

☐ Member Address: 525 Market Street, Floor 10

☒ Authorized San Francisco, CA 94105

Person

☐ Other ☐ Other

☒ Manager Name: Ann M. Miletti

☐ Member Address: 525 Market Street, Floor 10

☒ Authorized San Francisco, CA 94105

Person

☐ Other ☐ Other

☒ Manager Name: Randy Guy Mangelsen

☐ Member Address: 525 Market Street, Floor 10

☒ Authorized San Francisco, CA 94105

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 s.817.155, F.S.

Clara S. Blanding

Signature of an authorized person

Clara S. Blanding

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WELLS CAPITAL MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WELLS CAPITAL MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

6245765 8300

SR# 20213451492

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204349596

Date: 10-07-21