

MA3000001287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

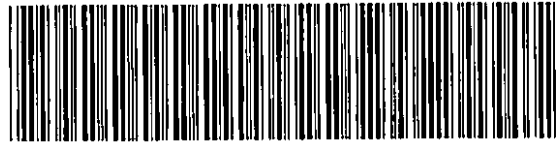
(Document Number)

Certified Copies _____

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01/31/23--01002--01723**160.00

2023 JAN 31 PM 1:08

LLC

RECEIVED

2023 JAN 31 PM 1:04

DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

JAN 31 2023
1 12:15 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wells and Sons Paving 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:

Crystal Wells
Name of Person

Wells and Sons Paving LLC
Firm/Company

610 W. Alexis Rd # 16
Address

Toledo Ohio 43612
City/State and Zip Code

Wellsjosh85@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Wells at (304) 616-8812
Name of Contact Person 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 and Sons Paving 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

3. EIN # 85-1808286
(EIN 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. 610 W. Alexis Rd #16
(Street Address of Principal Office)

6. 610 W. Alexis Rd #16
(Mailing Address)

Toledo Ohio
43612

Toledo Ohio
43612

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

Name: Florida Registered Agent
Office Address: 7901 4th St North Suite 300
St. Petersburg, Florida 33702
(City) (Zip code)

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.

[Signature]

(Registered agent's signature)

REC-3 JAN 31 PM 1:08

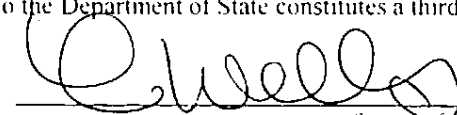
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

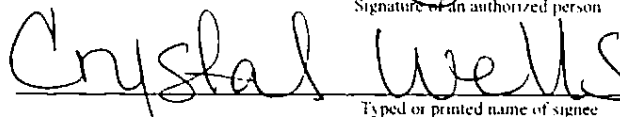
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Joshua Wells	<input type="checkbox"/> Manager	Name:	Scott Quisenberry		
<input type="checkbox"/> Member	Address:	610 Alexis Rd	<input checked="" type="checkbox"/> Member	Address:	329 Columbus		
<input type="checkbox"/> Authorized		# 16	<input type="checkbox"/> Authorized		St Apt C		
Person		Toledo Ohio 43612	Person		Toledo Ohio		
<input type="checkbox"/> Other			<input type="checkbox"/> Other				43612
<input type="checkbox"/> Manager	Name:	Drayton Stanley	<input type="checkbox"/> Manager	Name:			
<input checked="" type="checkbox"/> Member	Address:	610 Alexis Rd	<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized		# 16	<input type="checkbox"/> Authorized				
Person		Toledo Ohio 43612	Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other				
<input type="checkbox"/> Manager	Name:	Crystal Wells	<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:	610 Alexis Rd	<input type="checkbox"/> Member	Address:			
<input checked="" type="checkbox"/> Authorized		# 16	<input type="checkbox"/> Authorized				
Person		Toledo Ohio 43612	Person				
<input type="checkbox"/> Other			<input type="checkbox"/> 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.



Signature of an authorized person


Typed or printed name of signee



Wed Jan 18 2023

Entity#: 4539179
Filing Type: DOMESTIC LIMITED LIABILITY COMPANY
Original Filing Date: 09/09/2020
Location: ---
Business Name: WELLS & SONS PAVING LLC

Status: Active
Exp. Date: -

Agent/Registrant Information

JOSHUA S WELLS
610 W ALEXIS RD APT 16
TOLEDO OH 43612
09/09/2020
Active

Filings

Filing Type

OHIO LLC - ARTICLES OF ORGANIZATION

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and in the custody of the Secretary of State.



*Witness my hand and the seal of the
Secretary of State at Columbus,
Ohio this 18th of January, A.D. 2023
Ohio Secretary of State*

To Whom It Concerns:

I Joshua S Wells gives
Crystal S. Wells authority to fill
out, sign and file any paperwork
on behalf of Wells and Sons
Paving LLC for the State of
Florida.

Thanks Kindly,

print Joshua Wells
sign Joshua Wells
date 1-29-23

STATE OF FLORIDA COUNTY OF POLK
The foregoing instrument was acknowledged before me by means of
physical presence this 29 day of January, 2023
by Joshua Wells
Notary Public Valid
Personally known: _____ or Produced Identification X
Type of Identification Produced: DHIO License

