

M240000001702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

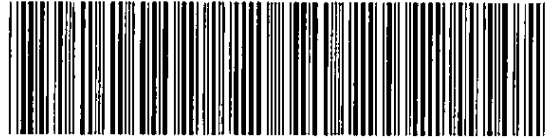
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2024 FEB 12 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. SOLOMON

FEB 13 2024

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: I2021000160: \$160.00

Authorization Signature: Richard L. Wells

Richard L. Wells Consulting LLC.

Business

Document #

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait

☒ Certified copy of articles

☒ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☒ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ APOSTIL ☐ Country

☐ Other

EXAMINER'S INITIALS: ☐

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Richard L. Wells Consulting, 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:

Martha Wells
Name of Person
Richard L. Wells Consulting, LLC
Firm/Company
5135 Brentford Way
Address
El Dorado Hills, CA 95762
City/State and Zip Code
makwells@comcast.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Martha Wells at (916) 508-5482
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:

RICHARD L. WELLS CONSULTING, LLC

1. _____
(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.")
CALIFORNIA 81-3519942

2. _____ 3. _____
(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)
5135 BRENTFORD WAY 5135 BRENTFORD WAY

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)
EL DORADO HILLS, CA 95762 EL DORADO HILLS, CA 95762

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

LEGACY RA GROUP INC

Name: _____

2330 CLARE DRIVE

Office Address: _____

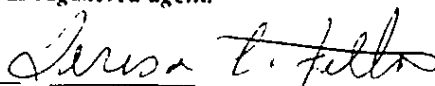
TALLAHASSEE

32309

_____, Florida _____
(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.



(Registered agent's signature)

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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: RICHARD L. WELLS
☒ Member Address: 5135 BRENTFORD WAY
EL DORADO HILLS, CA 95762
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ Other ☐ Other

Title or Capacity: Name and Address:
☐ Manager Name: MARTHA WELLS
☐ Member Address: 5135 BRENTFORD WAY
EL DORADO HILLS, CA 95762
☒ Authorized
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ Other ☐ Other

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FEB 12 2024

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.

Richard L. Wells
Signature of an authorized person
Richard L. Wells
Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: RICHARD L. WELLS CONSULTING, LLC
Entity No.: 201622510092
Registration Date: 08/08/2016
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 12, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 181299738

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.