

TRANSMITTAL LETTER

PO1000098223

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Wells & Associates Corp
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900004626669--3
-10/08/01--01044--020
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Mickey Wells
Name (Printed or typed)

9556 WICKHAM WAY
Address

ORLANDO, FL 32836
City, State & Zip

407-876-2005
Daytime Telephone number

2001 OCT -8 PM 12:47
STATE OF FLORIDA
TALLAHASSEE

NOTE: Please provide the original and one copy of the articles.

15
10/9/01

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Wells & Associates Corp.

FILED

2001 OCT -8 PM 12:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9556 WICKHAM WAY ORLANDO, FL 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CLEANING - SALES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CHERYL WELLS
9556 WICKHAM WAY
ORLANDO FL 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mickey Wells
9556 WICKHAM WAY
ORLANDO FL 32836

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Cheryl Wells

Signature/Registered Agent

9/27/01

Date

Mickey Wells

Signature/Incorporator

9/27/01

Date