

PO6000052475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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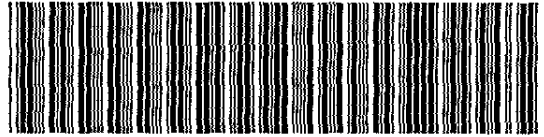
(Business Entity Name)

(Document Number)

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06 APR 12 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.D. 4-12

COVER LETTER

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

SUBJECT: Wells Specialty Consulting, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Jean Wells
Name (Printed or typed)

2655 Lake Drive #6
Address

Riviera Beach, FL 33404
City, State & Zip

561-845-5254
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

Wells Specialty Consulting, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*2655 Lake Drive #6
Riviera Beach, FL. 33404*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To operate a for profit business consulting on
purchase of Division 10, Specialty products, used by General
Contractors in commercial construction.*

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*Jean M. Wells, President
2655 Lake Drive #6
Riviera Beach, FL. 33404*

*David Schnegelberger,
Vice President
2655 Lake Drive #6
Riviera Beach, FL. 33404*

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Jean M. Wells
2655 Lake Drive #6
Riviera Beach, FL. 33404*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Frederick S. Otto
PO Box 3149
Vail, Colorado 81658*

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

Jean M. Wells
Signature/Registered Agent

4-09-06
Date

Frederick S. Otto
Signature/Incorporator

4-02-06
Date