

PO8000088831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP.

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WAIT

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MAIL

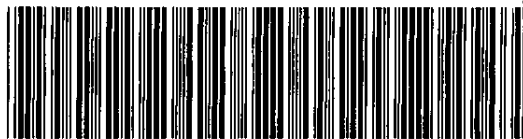
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

42

## COVER LETTER

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

SUBJECT: WELLS APPRAISAL GROUP, 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: KATHLEEN WELLS  
Name (Printed or typed)

484 SHERWOOD OAKS RD  
Address

ORANGE CITY, FL 32763  
City, State & Zip

407-376-9384  
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)

## ARTICLE I NAME

The name of the corporation shall be:

WELLS APPRAISAL GROUP INC

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

484 SHERWOOD OAKS RD.  
ORANGE CITY, FL 32763

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL ACTIVITY

## ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KATHLEEN WELLS  
484 SHERWOOD OAKS RD.  
ORANGE CITY FL 32763  
PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

KATHLEEN WELLS  
484 SHERWOOD OAKS RD  
ORANGE CITY FL 32763

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KATHLEEN WELLS  
484 SHERWOOD OAKS RD  
ORANGE CITY FL 32763

\*\*\*\*\*

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

  
Signature/Registered Agent

9/24/08  
Date

  
Signature/Incorporator

9/24/08  
Date

SEP 29 2008  
11:05 AM  
FILED

08 SEP 29 PM 11:05

FILED