L 60000000 920

Suzanne C. Low, J.D., CFP

Certified Financial Planner

Attorney at Law of New Jersey and New York

January 7, 2000

Florida Department of State Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 12741 Maiden Cane Lane

Bonita Springs, FL 34135

Phone: 941-495-1855 Fax: 941-495-9941

e-mail: SCLowJD@aol.com

600003095866--8 -01/12/00--01044--007 ****100.00 ****100.00

W-1126

Dear Sir or Madam:

Re: WENCHES, LLC

Enclosed please find Articles of Organization and my check for \$100.00 filing fee for WENCHES, LLC to be registered as a Florida Limited Liability Company. I am a member of the new LLC. The daytime phone number of the registered agent, Elizabeth Hagan is 941-947-8085.

Please issue a letter of acknowledgement. Thank you.

Sincerely,

Suzanne C. Low

OO JAN 26 AM 8: 30
SECRETARY OF STATE

mtu

1/26



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 13, 2000

SUZANNE C. LOW 12741 MAIDEN CANE LANE BONITA SPRINGS, FL 34135

SUBJECT: WENCHES, LLC Ref. Number: W00000001126

We have received your document for WENCHES, LLC and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 700A00001938

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

.....

The name of the Limited Liability Company is:

ARTICLE I - Name:

WENCHES, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 25216 Pelican Creek Cincle #103 Bonita Springs, FL 34134
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
ElizaBeth Hagan 25216 Pelican Creek Circle #103 8 Florida street address (P.O. Box NOT acceptable) Bonita Springs FL 34134 City, State, and Zip
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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608. F.S. Registered Agent's Signature
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested) Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
ElizaBeth Hagan

Typed or printed name of signee

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)