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EFFECTIVE DATE



TRANSMITTAL LETTER

Effective 1,3004

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

SUBJECT:	Wendy OBrie	o Inc		
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PV REQUIRED	
FROM:	Wendy OC	Yien Printed or typed)		
27178 Hickory Hill Rd				
	Brooksville	FL 346	02	
	352-754 Daytime Te	-8883		

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)

04 JAN 12 AM !!: 14

SECRETARY OF STATE TALL AHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Wendy O'Brien Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

27178 Hickory Hill Rd.

Brooksville, PL 34602

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS

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

Wendy O'Brien President 27178 Hickory Hill Rd Brooksville, FL 34602

ARTICLE VI REGISTERED AGENT

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

Pam Mc Kinney 15489 COTTEZ Blva Brooksville, FL 34613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WENDY D. O'Brien Hill Rd 27178 Hickory Hill Rd Brooksville, FL 34602

Effective 1,3004

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

Signature/Incorporator