

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
WEN Management Corp.

Certificate of Status	1
Certified Copy	0
Page Count	08
Estimated Charge	\$78.75

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FEB 14 2022

K. Brumbley

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. WEN MANAGEMENT CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 7, 1986 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 377 OAK ST STE 110, GARDEN CITY, NY 11530
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jeffrey Levine, Esq.

Office Address: 6111 Broken Sound Parkway NW, Suite 200

Boca Raton, Florida 33487
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Danielle Gossman, Attorney-in-Fact

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: DENISE R. COYLE

☐ Vice Chairman Address: 377 OAK ST STE 110

☐ Director GARDEN CITY, NY, 11530

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Danielle Gossman, Attorney-in-Fact on behalf of DENISE R. COYLE, President
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	WEN MANAGEMENT CORP.
DOS ID Number:	1080379
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	05/07/1986
Statement Status:	CURRENT
Statement Due Date:	05/31/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	CERTIFICATE OF INCORPORATION
Date of Filing:	05/07/1986
Entity Name:	MS APARTMENT MANAGEMENT SERVICES, INC.

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	04/15/1987
Name Changed To:	WEN MANAGEMENT CORP.

Document Type:	BIENNIAL STATEMENT
Date of Filing:	02/19/1993
Effective Date:	05/01/1992

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/17/1996
Effective Date: 05/01/1996

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/07/1998
Effective Date: 05/01/1998

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/23/2000
Effective Date: 05/01/2000

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/03/2002
Effective Date: 05/01/2002

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/09/2004
Effective Date: 05/01/2004

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/10/2006
Effective Date: 05/01/2006

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/03/2008
Effective Date: 05/01/2008

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/21/2010
Effective Date: 05/01/2010

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/29/2012
Effective Date: 05/01/2012

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/27/2014
Effective Date: 05/01/2014

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/02/2018
Effective Date: 05/01/2018

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/15/2020
Effective Date: 05/01/2020

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on February 11, 2022 at
10:45 A.M.



ROBERT J. RODRIGUEZ, Acting Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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