

L 14000196724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

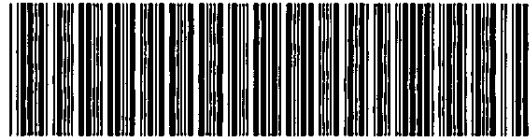
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 DEC 10 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 16 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2014

GLEN STEWART  
1860 WHITE HERON BAY CIRCLE  
ORLANDO, FL 32824

SUBJECT: GWENCO, LLC  
Ref. Number: W14000073685

We have received your document for GWENCO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 714A00026113

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GWENCO, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLEN STEWART  
Name of Person

NUVIEW IRA, INC FBO WENDY A. SAMMS FARMER  
Firm/Company

1860 WHITE HERON BAY CIRCLE  
Address

ORLANDO, FLORIDA 32824  
City/State and Zip Code

RNWENDY007@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLEN STEWART at ( 407 ) 283-8970  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GWENCO, LLC

(Must end with the words "Limited Liability Company, "L.L.C." or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

1860 WHITE HERON BAY CIRCLE  
ORLANDO, FLORIDA 32824

1860 WHITE HERON BAY CIRCLE  
ORLANDO, FLORIDA 32824

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

GLEN STEWART

Name

1860 WHITE HERON BAY CIRCLE

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO

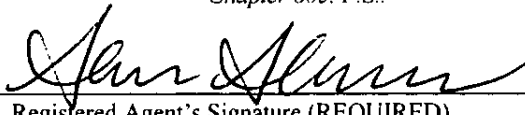
FL

32824

City

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 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Nuvew IRA, Inc FBO Wendy A Samms Farmer  
1064 Greenwood Blvd Suite 312  
Lake Mary, FL 32746

AMGR

Glen A Stewart  
PO Box 451421  
Kissimmee, FL 34745

AMGR

Wendy A Samms Stewart  
PO Box 451421  
Kissimmee, FL 34745

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/08/2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any 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.)

GLEN A STEWART

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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