

L18000025231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 30 2018

T SCHROEDER



Helping Small Businesses Succeed Financially

LedgerPlus Accounting, a dba of Wenck & Wenck Enterprises

Thomas E. Wenck, E. A., A.B.A.

(Enrolled to practice before the IRS)

P.O. Box 380818, Murdock, FL 33938-0818

2359 Fintonrod St., Port Charlotte, FL 33948

(941) 255-1158 • Fax (941) 255-3504

January 25, 2018

Florida Dept of State
New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: W17000055465

Gentlemen:

Enclosed is a copy of the Articles of Conversion originally filed with your department on July 5, 2017. The filing fee of \$150 was submitted with the original filing. I was notified that you couldn't accept my conversion application because the annual report had not been filed for my corporation. I just recently attempted to file the annual report but found that you had dissolved my corporation for failure to file the annual report, telling me I had to file for a reinstatement. I contacted your department this morning for advice and was told that I needed to send a letter stating that I was not going to reinstate my corporation since I wanted to operate under a Limited Liability Company. It didn't make sense to reinstate the corporation just to turn around and dissolve it.

If there are questions, please contact me at (941) 255-1158 or email at twenck1@comcast.net.

Thank you for your assistance in this matter.

Sincerely,

Thomas E Wenck
encl

CERT. 7004 1350 0003 8731 4138

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WENCK & WENCK ENTERPRISES, LLC

(Must contain 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:

2359 FINTONROD ST
PORT CHARLOTTE, FL 33948

Mailing Address:

PO BOX 380818
MURDOCK, FL 33838-0818

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:

THOMAS E WENCK

Name

2359 FINTONROD ST

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

PORT CHARLOTTE

City

FL 33948

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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18 JAN 25 AM 10:00
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TALLAHASSEE, FLORIDA

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

AMBR

Name and Address:

THOMAS E WENCK

PO BOX 380818

MURDOCK, FL 33938-0818

KAREN L WENCK

PO BOX 380818

MURDOCK, FL 33938-0818

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18 JAN 26 AM 10:00
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

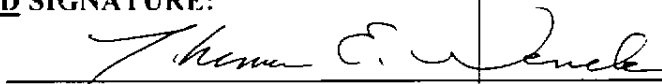
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

THOMAS E WENCK

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)