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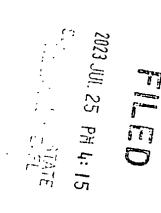
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Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Wendy's Handi Work, L Name of Limited Liability Company	LC
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:	
Wency Spencer Name of Person	
Name of Person	
N/A	
Firm/Company	
·11651 Dawn Cowrie	Dr
Address	
Fort Myers, FL 3 City/State and Zip Code Wispencer 26 @ gmail. Con	3908
City/State and Zip Code	<del></del>
Wispericer 26@ gmail. Con	Υ
E-mail address: (to be used for future annual report notification	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telepho	215
Name of Person Area Code Daytime Telepho	ne Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee &	S160.00 Filing Fee,
Certificate of Status Certified Copy	Certificate of Status & 🛌
(additional copy is enclosed)	Certified Copy:
	(Laborational copy is unclosed)
Mailing Addmon	(additional copy is enclosed)
Mailing Address     Street Address       New Filing Section     New Filing Section I	l l
Division of Corporations The Centre of Talla	
P.O. Box 6327 2415 N. Monroe Str	
Tallahassee, FL 32314 Tallahassee, FL 323	03

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

name of the Limited Lis	, , ,				
V	lendy's	Handi	Work	LLC	
(Must	contain the word	ds "Limited Lial	oility Company, "L	L.C.," or "LLC.")	•

# ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:	
11651 Down Courie Dr.	11651 Dawn Cowrie Dr	
Fact Myers, FL 33908	Fort Myers, FL 33908	

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:

Warde	, Sper	icer	
(	Name		
11651	Dawn	Courie	Do
Florida street add	iress (P.O. Box	NOT acceptable)	
Fort 1	lyers	FL 3	33908
City	State	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)



## **ARTICLE IV-**

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

"AMBR" =	Name and Address: Authorized Member	
"MGR" = M	lanager	
AMP	SR Wench, Spencer	
71111	1651 Dawn Cowne Dr.	
	Fort Myers, FL 33908	٠
<del></del>		
·	nent if necessary)	
RTICLE V: Effecti	ve date, if other than the date of filing:	
ir an effective date is he date of filing.)	s listed, the date must be specific and cannot be more than five business days prior to or 90 days after	ſ
	erted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	ıs
he document's effect	tive date on the Department of State's records.	
DTICLE VI. Other	monúsiona if anu	
RTICLE VI: Other	provisions, if any.	
REQUIRE	) SIGNATURE:	
REOUIREI	SIGNATURE:	
REOUIREI	Wendy Spencer	
REOUIREI	Signature of a member or an authorized representative of a member.	
REOUIREI	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.	
REOUIREI	Signature of a member or an authorized representative of a member.	
REOUIREI	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.	
REOUIREI	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.	
REOUIREI	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	

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)

2023 JUL 25 PH 4: 16