

N220000002549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

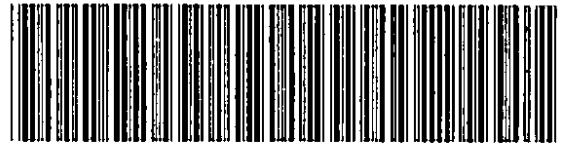
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Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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22 MAR 14 PM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 28, 2022

KIM NEITZEL
905 GARDEN DRIVE.
WINTER PARK, FL 32789

SUBJECT: WENDY'S FRIENDS, INC.
Ref. Number: W22000025568

We have received your document for WENDY'S FRIENDS, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the titles for each officer/director. ✓

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 922A00004834

Snatcham

COVER LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Wendy's Friends, ~~LLC~~ Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

^{fw}
☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Kim Neitzel
Name (Printed or typed)

905 Garden Drive
Address

Winter Park, FL 32789
City, State & Zip

321-356-9560
Daytime Telephone number

Kimneitzel@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Wendy's Friends, Inc

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>2736 Lake Howell Ln.</u> <u>Winter Park, FL</u> <u>32792</u>	Mailing address, if different is: <u>905 Garden Dr.</u> <u>Winter Park, FL</u> <u>32789</u>
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To utilize horses
for the emotional and physical
support of breast cancer survivors.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors shall be appointed by the incorporator
(Kim Neitzel)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Kim Neitzel, President</u> Address: <u>905 Garden Dr</u> <u>Winter Park, FL</u> <u>32789</u>	Name and Title: _____ Address: _____
Name and Title: <u>Steve Maher AR</u> Address: <u>1611 Mayfield Ave</u> <u>Winter Park, FL</u> <u>32789</u>	Name and Title: <u>authorized representative</u> Address: _____
Name and Title: <u>Kerri Dryden Secretary</u> Address: <u>1841 Laurel Rd</u> <u>Winter Park, FL</u> <u>32789</u>	Name and Title: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL 32304

22 MAR 14 PM 11:53

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kim Neitzel

Address: 905 Garden Drive
Winter Park FL 32789
K-M. Neitzel

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kim Neitzel

Address: 905 Garden Dr.
Winter Park, FL 32789
K-M. Neitzel

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the 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.

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

K-M. Neitzel
Required Signature of Registered Agent

2/6/22
Date

I submit this document and affirm 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.

K-M. Neitzel
Required Signature of Incorporator

2/6/22
Date

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TALLAHASSEE, FLORIDA