

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**P2300049516**

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

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

Email Address: \_\_\_\_\_

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2023 JUN 30 PM 4:55

REGISTRATION  
COMMERCIAL  
SERVICES

## FLORIDA PROFIT/NON PROFIT CORPORATION THE TWISTED LIME INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2023 JUN 30 PM 2:15

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: THE TWISTED LIME INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
1816 WILDCAT COVE DR.  
HUTCHINSON ISLAND, FL 34949

Mailing address, if different is:  
1816 WILDCAT COVE DR.  
HUTCHINSON ISLAND, FL 34949

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFULE PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GARY SOFEN - PRESIDENT

Address 1816 WILDCAT COVE DR.  
HUTCHINSON ISLAND, FL 34949

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

2023 JUN 30 5:15

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: GARY SOFEN  
 Address: 1816 WILDCAT COVE DR.  
HUTCHINSON ISLAND, FL 3949

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH  
 Address: 41 STATE STREET, SUITE 700  
ALBANY, NY 12207

**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*

LS/ Gary Sofen 06/30/2023  
 Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Lawrence A. Kirsch 06/30/2023  
 Required Signature/Incorporator Date

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