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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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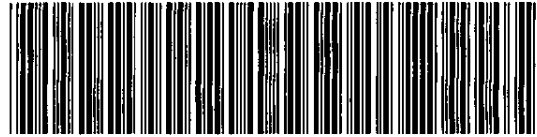
(Business Entity Name)

(Document Number)

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09 MAR 19 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
3/24

109-10057

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Twisted Knot Designs, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nancy DeMains  
(Name of Person)

Twisted Knot Designs, Inc.  
(Firm/Company)

12077 Gandy Blvd N #344  
(Address)

St. Petersburg, FL 33702  
(City/State and Zip code)

For further information concerning this matter, please call:

Nancy DeMains at (817) 822-1152  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee, Certificate of Status &  
Certified Copy



RECEIVED  
DEPARTMENT OF STATE

09 MAR 19 AM 11:45

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2009

NANCY DEMAINS  
TWISTED KNOT DESIGNS, INC.  
12077 GANDY BLVD N, #344  
ST PETERSBURG, FL 33702

SUBJECT: TWISTED KNOT DESIGNS, INC.  
Ref. Number: W09000010057

We have received your document for TWISTED KNOT DESIGNS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 009A00007337

**PLEASE NOTE:** You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at [www.sunbiz.org](http://www.sunbiz.org).

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Twisted Knot Designs, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

~~Twisted Knots Inc.~~  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TX 3. 26-0535354  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-9-07 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12077 Gandy Blvd N #344, St. Petersburg FL 33702  
(Principal office address)

Same  
(Current mailing address)

8. Sewing & embroidery of home decor  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Peter Demains

Office Address: 12077 Gandy Blvd N #344  
St. Petersburg, Florida 33702  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Peter Demains  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Rebecca L. Pack

Address: 10604 97th St. N

Largo FL 33773

Vice President: Nancy L. Demains

Address: Nancy L. Demains

12077 Gandy Blvd N #344, St. Petersburg FL 33702

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Nancy L. Demains

(Signature of Director or Officer listed in number 12 of the application)

14. Nancy L. Demains

(Typed or printed name and capacity of person signing application)

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

FILED

**Office of the Secretary of State**

09 MAR 19 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Twisted Knot Designs, Inc. (file number 800841364), a Domestic For-Profit Corporation, was filed in this office on July 09, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 09, 2009.



A handwritten signature in cursive script, reading "Hope Andrade".

Hope Andrade  
Secretary of State