

L05000079170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document

Examiner DCC

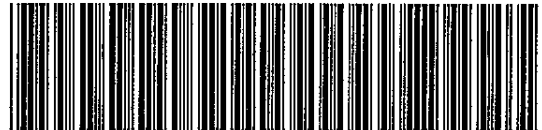
Office Use Only

Updater DCC

Updater
Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC



800057951928

08/09/05--01012--002 **130.00

SECURITY SERVICE
FACULTY SERVICE

2005-09-09 P 1:10

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWIN DEVELOPERS, LLC.
(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:

JOHN RAMIREZ
(Name of Person)

(Firm/Company)

14750 KITLANSELT WAY
(Address)

ORLANDO, FL 32828
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN RAMIREZ at (407) 230-0552
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2005 JUN -06 P 1:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TWIN DEVELOPERS, LLC.

ARTICLE II - Address:

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

Principal Office Address:

14750 KITLANSELT WAY
ORLANDO, FL 32828

Mailing Address:

14750 KITLANSELT WAY
ORLANDO, FL 32828

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JOHN RAMIREZ

Name

14750 KITLANSELT WAY

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

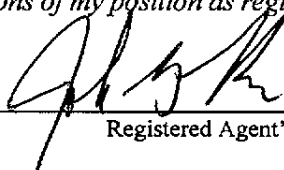
ORLANDO

FL

32828

City, State, and 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 608, F.S.



Registered Agent's Signature

FILED
JAN 15 - 9 P 1:10
CLERK OF CIRCUIT COURT
JAN 15 2015
ORLANDO, FLORIDA

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JOHN RAMIREZ

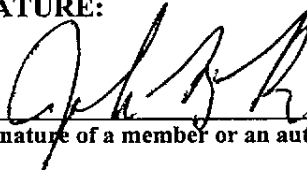
14750 KITLANSELT WAY

ORLANDO, FL 32828

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOHN RAMIREZ

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)

FILED
2005 AUG -9 P 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA