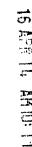
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filips Office
Special Instructions to Filing Officer:

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APR 1 4 2016

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	TWIN LION VENTURES, LLC		
SUBJECT		Limited Liabili	ty Company
The enclos	sed Articles of Organization and fee(s)	are submitted	for filing.
Please retu	arn all correspondence concerning this	matter to the f	ollowing:
	CHRISTINE MONTELIONE		
		Name of	Person
	,	Firm/Co	npany
	9633 W BROWARD SUITE #6		
		Addre	ess
	PLANTATION FL 33324		
	flincorporation@gmail.com	City/State and	d Zip Code
-	E-mail address: (to be us	ed for future a	nnual report notification)
For further is	nformation concerning this matter, ple	ase call:	
	CHRISTINE MONTELIONE	888	905-7380
	Name of Person		Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$ 125.00 Fi		Certific	o Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations PO Box 6327 Tallahassee, FL 32314

April 5, 2016

Christine M. Montelione 9633 West Broward Suite #6 Plantation, FL 33324

Attn: FL Dept of State, Division of Corporations

Enclosed is my application to incorporate Twin Lion Ventures, LLC. I understand that there is already a Twin Lion Ventures Inc (P15000055425) with myself as the principal officer that is Active in the state database.

I certify that the principal officer is myself for both entities and that the principal officer will not change in the future.

Thank you for your consideration.

Respectfully,

Christine M. Montelione

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

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	TWIN LION	VENTURES; LI	.c
(Must	end with the words "Limited Li	ability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and str	ect address of the principal offic	ce of the Limited	Liability Company is:
Pr	ncipal Office Address:		Mailing Address:
9633 WEST BE	OWARD	9633	WEST BROWARD
SUITE#6	***************************************	SULT	
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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.

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Page 1 of 2

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Title:		Name and Address:	
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"MGR" = Manager	, , ,	CED OTTAGE A CRAMITET IONE	
AMBR	,	CHRISTINE M. MONTELIONE 9633 WEST BROWARD SUITE #6	
		PLANTATION, FL 33324	**
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