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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

APR 14 2016

S. PRATHER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TWIN LION VENTURES, 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:

CHRISTINE MONTELIONE

Name of Person

Firm/Company

9633 W BROWARD SUITE #6

Address

PLANTATION FL 33324

City/State and Zip Code

fincorporation@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE MONTELIONE    888    905-7380  
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)

**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

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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AND  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TWIN LION VENTURES, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

9633 WEST BROWARD

SUITE #6

PLANTATION, FL 33324

Mailing Address:

9633 WEST BROWARD

SUITE #6

PLANTATION, FL 33324

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CHRISTINE M. MONTELIONE

Name

9633 WEST BROWARD SUITE #6

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

PLANTATION

FL

33324

City

State

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 605, F.S.*

Christine M. Montelione

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

CHRISTINE M. MONTELLIONE  
9633 WEST BROWARD SUITE #6  
PLANTATION, FL 33324

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(Use attachment if necessary)

**ARTICLE V:** 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 business days prior to or 90 days after the date of 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.

**ARTICLE VI:** Other provisions, if any.

THE PURPOSE OF THIS LLC IS ANY AND ALL LAWFUL BUSINESS.

**REQUIRED SIGNATURE:**

*Christine M. Montellione*

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

CHRISTINE M. MONTELLIONE

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 APR 14 AM 10:11

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AND  
FILED