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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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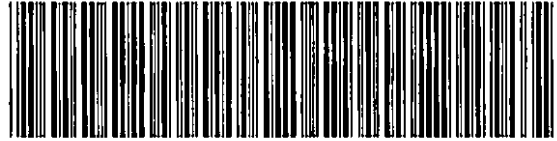
(Business Entity Name)

(Document Number)

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DEPT. OF STATE  
DIVISION OF CORPORATION  
18 JUN 25 AM 8:09  
STATE ART OF STATE  
TALLAHASSEE, FLORIDA

RK 6/27/16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TwAmerica 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:

Name: Jeremy Klein  
Firm/Company: Recalde Law Firm, P.A.  
Address: 10800 Biscayne Blvd, Suite 988, Miami, FL 33161  
Email address (to be used for future annual report notification): [isis0609@gmail.com](mailto:isis0609@gmail.com)

For further information concerning this matter, please call:

Jeremy Klein at 305-792-9100

Enclosed is a check for the following amount:

\$125.00 Filing fee

**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

## ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

### ARTICLE I – Name:

The name of the Limited Liability Company is: TwiAmerica LLC

### ARTICLE II – Address:

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

**Principal Office Address:** 3549 Magellan Circle, Apt. 415, Miami, FL 33180

**Mailing Address:** 3549 Magellan Circle, Apt. 415, Miami, FL 33180

### ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

Registered Agent Name: Jeremy Klein  
Florida street address: 10800 Biscayne Blvd, Suite 988  
Miami, FL 33161

*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.*

  
\_\_\_\_\_  
Registered Agent's Signature

### ARTICLE IV-

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


<b><u>Title:</u></b>	<b><u>Name and Address</u></b>
Manager	Iris Lu 3549 Magellan Circle, Apt. 415 Miami, FL 33180

STATE OF FLORIDA  
DIVISION OF CORPORATION  
18 JUN 25 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Authorized Member

Iris Lu  
3549 Magellan Circle, Apt. 415  
Miami, FL 33180

**REQUIRED SIGNATURE:**

  
**Signature of a member or 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.

Jeremy Klein  
Printed Name of Signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 JUN 25 AM 8:09  
TALLAHASSEE, FLORIDA