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2019 OCT 21 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

OCT 22 2019

K Brumpley

Nelson Mullins Broad and  
Requester's Name Cassel  
Address  
City/State/Zip 850-681-6810 Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Twisted Sisters LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

19 OCT 21 PM 4:37 26

**COVER LETTER**

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

**SUBJECT:** Twisted Sisters 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:

Bruce I. Wiener

\_\_\_\_\_  
Name of Person

Nelson Mullins Broad and Cassel

\_\_\_\_\_  
Firm/Company

215 S. Monroe Street, Suite 400

\_\_\_\_\_  
Address

Tallahassee, Florida 32301

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Bruce I. Wiener                      850                      681-6810  
\_\_\_\_\_, at (\_\_\_\_\_) \_\_\_\_\_  
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

**ARTICLES OF ORGANIZATION  
OF  
TWISTED SISTERS LLC**

The undersigned hereby subscribes to, acknowledges, and files the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

**ARTICLE I**

The name of the limited liability company is Twisted Sisters LLC (the "*Company*").

**ARTICLE II**

The principal office and mailing address of the Company is 7722 Still Lake Drive, Odessa, Florida 33556.

**ARTICLE III**

The Company may engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV**

The name and address of the Company's registered agent in the State of Florida is Wanda Kay Frowick, 7722 Still Lake Drive, Odessa, Florida 33556.

**ARTICLE V**

The Company shall have perpetual existence.

**ARTICLE VI**

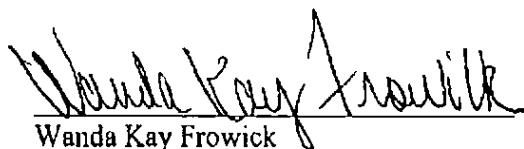
These Articles of Organization shall be effective upon filing with the Florida Department of State, Division of Corporations.

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

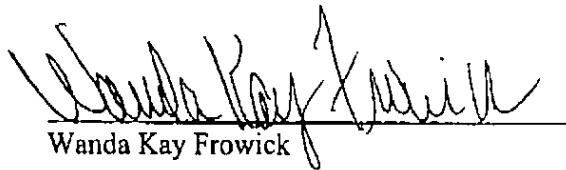
\* \* \*

**IN WITNESS WHEREOF**, the undersigned authorized representative has executed these Articles of Organization of the Company on this 21st day of October, 2019.

  
Wanda Kay Frowick  
Authorized Representative

**ACCEPTANCE OF APPOINTMENT  
OF  
REGISTERED AGENT  
OF  
TWISTED SISTERS LLC**

I hereby accept the appointment as registered agent contained in the foregoing Articles of Organization and state that I am familiar with and accept the obligations of Section 605.0113 of the Florida Revised Limited Liability Company Act.

  
Wanda Kay Frowick