

L200000107697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

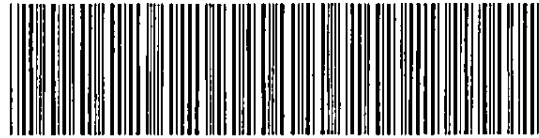
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400343556574

04/22/20--01002--013 **125.00

2020 APR 22 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLICOTT

APR 23 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Twin Eagles Enterprises, LLC

Signature _____

Requested by: Seth

04/21/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

FILED

2020 APR 22 AM 9: 52

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION
OF
TWIN EAGLES ENTERPRISES, LLC
(a Florida Limited Liability Company)

The undersigned executes these Articles of Organization to form a limited liability company under the laws of the State of Florida, and declares that the following articles shall serve as the charter and authority for the conduct of business of the limited liability company.

ARTICLE I.
NAME

The name of the limited liability company is TWIN EAGLES ENTERPRISES, LLC.

ARTICLE II.
ADDRESS

The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address:

15510 29th Street East
Parrish, FL 34219

Mailing Address:

15510 29th Street East
Parrish, FL 34219

ARTICLE III.
REGISTERED AGENT, REGISTERED OFFICE,
REGISTERED AGENT'S SIGNATURE

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

Colleen M. Glatzel
15510 29th Street East
Parrish, FL 34219

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, Florida Statutes.


Registered Agent Signature

ARTICLE IV
MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each manager or managing member is as follows:

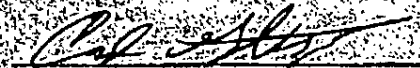
Title:	Name & Address:
Colleen Glatzel	15510 29 th Street East Parrish, FL 34219



Signature of a Member or 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)

Colleen M. Glatzel
Typed or Printed Name of Signee



Signature of a Member or 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)

Carl Glatzel
Typed or Printed Name of Signee



Signature of a Member or 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)

Joseph L. Inern
Typed or Printed Name of Signee

SECRETARY OF STATE
TALLAHASSEE, FL

2820 APR 22 AM 9:52

FILED