

122000370820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

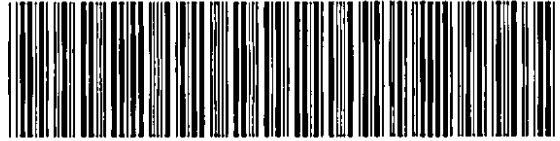
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
AUG 25 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 AUG 24 PM 3:54

COVER LETTER

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

SUBJECT: TWINVINCIBLE CHARTERS, 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:

JEFFREY MARCHITTO

Name of Person

TWINVINCIBLE CHARTERS, LLC

Firm/Company

2720 OLD FLORIDA TRAIL

Address

FT. LAUDERDALE, FL 33334

City/State and Zip Code

marchittowealthllc@gmail.com

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

For further information concerning this matter, please call:

JEFFREY MARCHITTO

305

595-0005

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: TWINVINCIBLE CHARTER CORP, LLC
Ref. Number: W22000108340

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 822A00018715

2022 AUG 24 PM 3:34

RECEIVED

FLORIDA DEPARTMENT OF STATE

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE use funds from ACCT: 120210000160: \$160.00

Authorization Signature: *James F. Hall*

Twinvincible Charter CORP, LLC

Business Name

Document #

☐ Walk in

☐ Pick up time _____

☐ Mail out

☐ Will wait

☐ Photocopy

☒ **Certified Copy of Articles of Organization**

☒ **Certificate of Status**

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ **Conversion**

☐ Articles of Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ()

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TWINVINCIBLE CHARTERS, LLC

(Must contain 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:

2720 OLD FLORIDA TRAIL
FT. LAUDERDALE, FL 33334

Mailing Address:

2720 OLD FLORIDA TRAIL
FT. LAUDERDALE, FL 33334

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:

JEFFREY MARCHITTO

Name

2720 OLD FLORIDA TRAIL

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

FT. LAUDERDALE FLORIDA 33334

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS
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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

Name and Address:

MGR

JEFFREY MARCHITTO
2720 OLD FLORIDA TRAIL
FT. LAUDERDALE, FL 33334

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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.

REQUIRED SIGNATURE:



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.

JEFFREY MARCHITTO

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)