

N1600001586

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

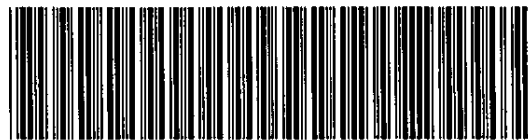
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STATE
1611
FLORIDA

M. MOON

DEC 02 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2016

JERIMEY TART
7208 TIPPIN AVE
PENSACOLA, FL 32504

SUBJECT: 2WINS
Ref. Number: W16000077811

We have received your document for 2WINS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Matthew T Moon
Regulatory Specialist II

Letter Number: 116A00024733

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SECRETARY OF STATE
16 DEC -2 PM 4:43

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: _____

Twins INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: _____

Jerimey Tart

Name (Printed or typed)

7208 Tippen Ave.

Address

Pensacola FL 32504

City, State & Zip

(850) 292-9725

Daytime Telephone number

twinsttrain@gmail.com

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

NOTE: Please provide the original and one copy of the articles.

16 DEC - 2 PM 4:43

FILED
SEC. OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Twins, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

7208 Tippin Ave
Pensacola FL 32504

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help build a community
of intelligent, able and conscience young adults.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By Vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jerimey Tart / Pres. Name and Title: _____

Address: 7208 Tippin Ave Address: _____
Pensacola FL 32504

Name and Title: Jerimaine Tart / VP Name and Title: _____

Address: 1010 Potomac Dr. Address: _____
Pensacola FL 32505

Name and Title: Aisha Swift / Sec. Name and Title: _____

Address: 7135 Pearson Rd Apt 3 Address: _____
Pensacola FL 32526

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Aisha Swift

Address: 7135 Pearson Rd Apt 3
Pensacola FL 32526

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SECRETARY OF STATE
DAVID L. WATKINS
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aisha Swift

Address: 7135 Pearson Rd Apt 3
Pensacola FL 32526

ARTICLE VIII EFFECTIVE DATE:

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 or 90 business days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Aisha Swift
Required Signature of Registered Agent

9/17/16
Date

I submit this document and affirm that the facts stated herein are true. 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.

Aisha Swift
Required Signature of Incorporator

9/17/16
Date