TRANSMITTAL LETTER 100000034907

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 00 APR -3 AM 9: 05

			*****87.50	*****87.50
SUBJECT: 1	WISTEE TREAT OF Proposed corpor	ORLANDO, INC rate name - must include sur	ffix)	
Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a	check for :	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	KEN MAJORS	inted or typed)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ng thagaige a since
	5500 W. LAKE A	,		
	WINDERMERE, City, S	FL 34786 tate & Zip	·····	
	407 - 654 - 9 Daytime Tel	lOO lephone number		1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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

ARTICLES OF INCORPORATION
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I NAME The reserve following Articles of Incorporation.
ARTICLE I NAME The name of the corporation shall be:
TWISTEE TREAT OF ORLANDO, INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
3500 W. LAKE KUTLER RD
WINDERMERE, FL 34786
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000
ARTICLE IV INITIAL REGISTERED ACENT AND CORDER OF
The name and Florida street address of the initial registered agent are: Ken MAJORS
5500 W. LAKE BUTLER RO
WINDERMERE, FL 34786
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
KEN MAJORS
5500 113 1 AVE BUT 60 00
WINDERMERE, FL 34786
34786
10- Majon 3/27/00
Signature/Incorporator Date
Date
(An additional article must be added if an effective date is requested.)
laving been named as registered agent and to accept service of process for the above stated corporation at the place designated ertificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we will be a complete performance of my chities and I am familiary actions.

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

Signature/Registered Agent