

TRANSMITTAL LETTER

PO00000110289

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

SUBJECT: TWYN DRAGON, 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 of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: BARBARA B. MCLEAN  
Name (Printed or typed)

2319 N 15TH AVENUE  
Address

PENSACOLA, FL 32503  
City, State & Zip

(850)-479-4070  
Daytime Telephone number

200003475952--0  
-11/27/00--01114--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FILED  
00 NOV 27 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Deb  
11/29

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

TWYN DRAGON, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

TWYN DRAGON  
2319 N 15TH AVENUE  
PENSACOLA, FL 32503

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE PERSONAL SERVICES TO THE PUBLIC

## ARTICLE IV SHARES

The number of shares of stock is:

7,500 SHARES

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

BARBARA B. MCLEAN  
2319 N 15TH AVENUE  
PENSACOLA, FL 32503

## ARTICLE VI REGISTERED AGENT

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

BARBARA B. MCLEAN  
2319 N 15TH AVENUE  
PENSACOLA, FL 32503

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BARBARA B. MCLEAN  
2319 N 15TH AVENUE  
PENSACOLA, FL 32503

\*\*\*\*\*  
*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*

Barbara B. McLean  
Signature/Registered Agent

11/21/00  
Date

Barbara B. McLean  
Signature/Incorporator

11/21/00  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA