

TRANSMITTAL LETTER

P02000006892

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

TWINS SHINE, INC.

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FILED
02 JAN 14 PM 12:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: DONNA SACCO

Name (Printed or typed)
5400 S. UNIVERSITY DRIVE, #403
Address
DAVIE, FLORIDA 33328
City, State & Zip
(954) 680-4818
Daytime Telephone number

3000004772389--6
-01/14/02--01032--008
*****70.00 *****70.00

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

01-22-02

Articles of Incorporation
of
TWINS SHINE, INC.

FILED
02 JAN 14 PM 12:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I. NAME

The name of the Corporation shall be: TWINS SHINE, INC. .

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
301 NW 151 AVENUE
PEMBROKE PINES, FLORIDA 33028

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (ONE HUNDRED) 100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address if the initial registered agent are:

JESUS VELAZQUEZ - PRESIDENT, DIRECTOR, OFFICER
301 NW 151 AVENUE
PEMBROKE PINES, FLORIDA 33028

ARTICLE V INCORPORATOR

The name and address of the incorporator to these articles are: DONNA SACCO, C/O
5400 S. UNIVERISTY DRIVE, #403, DAVIE, FLORIDA 33328.

Donna M. Sacco
Signature/Incorporator

11-1-2001
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept services of process for the above stated corporation 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 to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jesus Velazquez
Signature/Registered Agent

12-1-01
Date