

P03000157230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

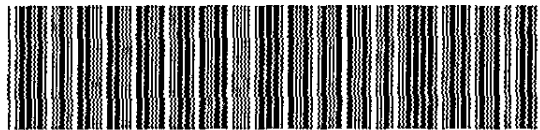
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: TWANGLED INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: TROYERS BUSINESS SERVICES INC
Name (Printed or typed)

1569 SHADOW RIDGE CIR
Address

SARASOTA FL 34240
City, State & Zip

941-378-4171
Daytime Telephone number

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

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:

TWANGLED INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

804 HANCOCK AVE
SARASOTA FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR THE PURPOSE OF TRANSACTING ANY OR ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES OF \$1.00 PAR VALUE COMMON STOCK.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JOE COBLENTZ
804 HANCOCK AVE
SARASOTA FL 34232

ARTICLE VI REGISTERED AGENT

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

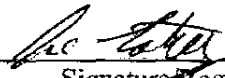
JOE COBLENTZ
804 HANCOCK AVE
SARASOTA FL 34232

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOE COBLENTZ
804 HANCOCK AVE
SARASOTA FL 34232

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:



Signature/Registered Agent

12-9-03

Date



Signature/Incorporator

12-9-03

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA