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TRANSMITTAL LETTER

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

SUBJECT: Twin Palms Custom Creations, 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: Thomas A. Hayden  
Name (Printed or typed)

715 East Madison Ave #13  
Address

Stuart, FL 34996  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

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

04 AUG 19 09 12:01

SECRET  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

- Article V: The names, address and titles of the Directors/Officers (**optional**). The names of officers/directors may be required to apply for a license, open a bank account, etc.
- Article VI: The name and **Florida Street address** (P.O. Box **NOT** acceptable) of the initial Registered Agent. The Registered Agent **must** sign in the space provided and type or print his/her name accepting the designation as registered agent.
- Article VII: The name and address of the Incorporator. The Incorporator **must** sign in the space provided and type or print his/her name below signature.

**An Effective Date:** Add a **separate article if applicable or necessary:** An effective date **may** be added to the Articles of Incorporation, otherwise the date of receipt will be the file date. (An effective date can not be more than five (5) business days prior to the date of receipt or ninety (90) days after the date of filing).

\*\*\*\*\*

**The fee for filing a profit corporation is:**

Filing Fee	\$35.00
Designation of Registered Agent	\$35.00
Certified Copy (optional)	\$ 8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50).
Certificate of Status (optional)	\$ 8.75

(Make checks payable to Florida Department of State)

**Mailing Address:**  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6052

**Street Address:**  
Department of State  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399  
(850) 245-6052

Article V: The names, address and titles of the Directors/Officers (**optional**). The names of officers/directors may be required to apply for a license, open a bank account, etc.

Article VI: The name and **Florida Street address** (P.O. Box **NOT** acceptable) of the initial Registered Agent. The Registered Agent **must** sign in the space provided and type or print his/her name accepting the designation as registered agent.

Article VII: The name and address of the Incorporator. The Incorporator **must** sign in the space provided and type or print his/her name below signature.

**An Effective Date:** Add a **separate** article if applicable or necessary: An effective date **may** be added to the Articles of Incorporation, otherwise the date of receipt will be the file date. (An effective date can not be more than five (5) business days prior to the date of receipt or ninety (90) days after the date of filing).

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& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Thomas A. Hayden  
Name (Printed or typed)  
715 East Madison Ave #113  
Address  
Stuart, FL 34996  
City, State & Zip  
  
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:

Twin Palms Custom Creations, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

715 East Madison Ave #13, Stuart, FL 34996

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NA

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Thomas Hayden - President

**ARTICLE VI REGISTERED AGENT**

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

Thomas Hayden  
715 East Madison Ave #13  
Stuart, FL 34996

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Thomas Hayden  
715 East Madison Ave #13  
Stuart, FL 34996

\*\*\*\*\*

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

Signature/Incorporator

Date

Date

04 AUG 19 PM 12:01

SECRET  
DIVISION OF REVENUE