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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<i>⇒ #</i>)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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12 M. D. HIMBH-BUT MAR. P.

SECRETARY P. Calls

TRANSMITTAL LETTER

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

SUBJECT:	Win Promotion (PROPOSED CORPORA	os, luc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles 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
		ADDITIONAL CO	& Certificate of Status PPY REQUIRED
FROM:	SAMANTHA Name	1-WEISS (Printed or typed)	
	2985 Gran	ndente Cir	#207
	Oviedo F	1 32765 State & Zip	
		1333 elephone 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 Promotions, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2985 Grandeville Cir, #207 = Oviedo, Ft. 32765
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Sale & distribution of promotional products
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Samantha 1. Weiss 2985 grandenlle (V # 207,0 vledo, Fi 32765 (P)
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Samantha Welsi, 2985 Frandlulle CI/ #207, Medo, Fu 32765
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is: Samantha Weiss, 2985 grandewle CIT#207 Ou edo, to 32765
ou edo 1/2 32765

Signature/Registered Agent 12-5-04 Date
12-05-04
Signature/Incorporator Date