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(Requestor's Name)	
(Address)	<del></del>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	





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SECRETARY OF STATE

C.J. 5-1.

# TRANSMITT'AL LETTER

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 SUBJECT: TW's Cyber Corp 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 **2** \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Teshane Wilson Name (Printed or typed) 1326 NW 113 ter. Address Coral Springs FL, 33071 City, State & Zip 954-224-6203

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

Daytime Telephone number

# 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:

TW's Cyber Corp Inc,

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1326 NW 113 Ter. Coral Springs FL 33071

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all Legal Business

#### ARTICLE IV SHARES

The number of shares of stock is:

10

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Teshane Wilson 1326 NW 113 Ter Coral Springs FL. 33071 Owner/CEO

#### ARTICLE VI REGISTERED AGENT

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

Teshane Wilson 1326 NW 113 Ter Coral Springs FL. 33071

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Teshane Wilson 1326 NW 113 Ter Coral Springs FL. 33071

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

5/19/05

05 MAY -3 M 7: 5: SECRETARY OF STATE TALLAHASSEE, FLORID