Requestor's Name) (Address)	5 <b>1342</b> 700054494787
(City/State/Zip/Phone #)	06./06/0501052003 **78.75
Certified Copies Certificates of Status	05 JUN -6 AH 9: 03
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# TRANSMITTAL LETTER

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

., **3** 

# SUBJECT: TWIN CITIES INVESTMENT GROUP, INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

ST0.00 Filing Fee S78.75 Filing Fee & Certificate of Status \$78.75\$87.50Filing FeeFiling Fee,& Certified Copy& Certified Copy& Certificate of StatusStatusADDITIONAL COPY REQUIRED

FROM: TWIN CITIES INVESTMENT GROUP, INC	<b>.</b>
Name (Printed or typed)	
21315 SW 87 CT	VISION 05 JUN
Address	UPPEC
MIAMI, FL 33189	
City, State & Zip	9: 02
786-293-9940	
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 CITIES INVESTMENT GROUP, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 21315 SW 87 CT MIAMI, FL 33189

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO DO MARINE REPAIR AND MANAGEMENT

# ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES OF COMMON STOCK

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PAVEL MELNIKOV 21315 SW 87 CT MIAMI, FL 33189 PRESIDENT PAVLINA GUK-MOORE 21315 SW 87 CT MIAMI, FL 33189 TREASURER, OFFICER

## ARTICLE VI REGISTERED AGENT

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

PAVLINA GUK-MOORE 21315 SW 87 CT MIAMI, FL 33189

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PAVLINA GUK-MOORE 21315 SW 87 CT MIAMI, FL 33189

Signa

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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

re/Registered Agent

corporator

Date

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Date