

P08000074749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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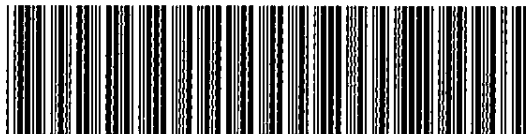
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/14/08--01013--023 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 AUG 11 PM 1:25

APPROVED
AND
FILED

B. McKnight AUG 11 2008

W08-33148

COVER LETTER

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

SUBJECT: TWINCAPRI 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: ROBERT DAUKSA
Name (Printed or typed)

435 SOUTH VILLA SAN MARCO DRIVE UNIT 308
Address

ST. AUGUSTINE FL 32086
City, State & Zip

312-320-0471
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2008

ROBERT DAUKSA
435 SOUTH VILLA SAN MARCO DRIVE UNIT 308
ST AUGUSTINE, FL 32086

SUBJECT: TWINCAPRI INC.
Ref. Number: W08000033148

We have received your document for TWINCAPRI INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 608A00041145

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: **TWINCAPRI INC.**

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: **10 SOUTH 447 CARRINGTON CIRCLE
BURR RIDGE IL 60527**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **BUSINESS**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): **ROBERT DAUKSA, JURATE KLEINIENE
10 SOUTH 447 CARRINGTON CIRCLE
BURR RIDGE IL 60527
435 SOUTH VILLA SAN MARCO DRIVE # 308
ST. AUGUSTINE FL 32086**

ARTICLE VI REGISTERED AGENT

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

**435 SOUTH VILLA SAN MARCO DRIVE # 308
ST. AUGUSTINE FL 32086
JURATE KLEINIENE**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**ROBERT DAUKSA
435 SOUTH VILLA SAN MARCO DR. #308
ST. AUGUSTINE FL 32086**


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

7-15-08

Date



Signature/Incorporator

7-15-08

Date

APPROVED
AND
FILED
08 AUG 11 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA