

P08000074749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

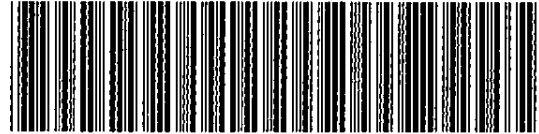
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: ROBERT DAUKSA  
Name (Printed or typed)

A35 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]*  
\_\_\_\_\_  
Signature/Registered Agent

*7-15-08*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*7-15-08*  
\_\_\_\_\_  
Date

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